

PRELIMINARY ASSESSMENT

Smile Cleaners
554 Passaic Ave
West Caldwell, Essex County, New Jersey 07006

Site Name: Smile Cleaners
AKA: Sta New Cleaners, Caldwell Dry Cleaners Inc
Address: 554 Passaic Ave
Municipality: West Caldwell
County: Essex **State:** New Jersey
Zip Code: 07006
Congressional District: 11
EPA ID No.: NJD984572139 NJDEP SRP PI No: 000396
NJDEP SRP PI No: 000396
Block: 2101 **Lot(s):** 2
Latitude: +40.848998 **Longitude:** -74.296882 (decimal)
Latitude 40°50'56.394"N **Longitude:** 74°17'48.776"W (ddmmss)
NJ State Plane: X= 548,314 Y= 734,250
USGS Quadrangle: Caldwell, N.J.
Acreage: 7.8 **SIC Code:** 7216

Current Owner: West Caldwell Plaza LLC
Mailing Address: 195 Columbia Turnpike
City: Florham Park **State:** New Jersey **Zip Code:** 07932
Telephone No.:

Current Operators: Dry Cleaner No Longer Present
Mailing Address:
City: **State:** **Zip Code:**

Site Operations

Smile Cleaners was a dry cleaner that was located in a strip mall at 554 Passaic Avenue, West Caldwell, Essex County, NJ (Map 1 & 2). Smile Cleaners is listed as NJDEP SRP PI # 000396. The Smile Cleaners site is currently occupied by Glaze Donuts. The Smile Cleaners site is being investigated due to private well contamination found by the West Caldwell Department of Health in 1991 (Map 3). Private wells in the vicinity of Smile Cleaners were found to be contaminated with tetrachloroethylene (4.5 ug/L), trichloroethylene (72.5 ug/L) and cis-1,2-dichloroethylene (35 ug/L). The following property history is based on a review of aerial photographs:

1951: The property is a farm field. A stream is visible along the southwest property boundary. This stream is no longer visible at the property and may be piped beneath the ground.

1961: A 30,000 square foot building is present on the western side of the property at the location of Smile Cleaners.

1974: Two additional buildings have been constructed on the property one 25,000 square, and one 20,000 square foot building.

1978: An additional 10,000 sq. feet of strip mall is added at the northeast portion of the property.

1991: Between 1987 and 1991, a 6,000 sq foot addition is added in the southern corner of the property,

2002: Between 1995 and 2001, a 9,500 sq. foot addition is added in the southern corner of the property. After 2002, no additional changes to the property are visible in the aerial photography.

Based on city directories, a dry cleaner has been present at the site since at least 1961 (Attachment 1). According to the 1961 Price and Lee City Directory, Sta-New Cleaners was present at 554 Passaic Ave in 1961. A dry cleaner continued to be present for 48 years until October 2009. According to Community Right to Know Survey from 2009, Smile Cleaners went out of business in October 2009 (Attachment 2).

According to community right to know forms, Smile Cleaners used tetrachloroethylene as their dry cleaning solvent (see attachments). Smile Cleaners is listed as a not active hazardous waste generator with EPA ID NJD986572139, see attached hazardous waste manifests (Attachment 3). An underground Storage Tank Registration Questionnaire, prepared by Smile Cleaners, dated 1987 This tank registration document indicates the existence of an underground storage tank, storing 550 gallons of No. 2 heating oil (Attachment 4). A Dry Cleaning Facility Field Inspection Report, prepared by NJDEP, dated July 18, 2007 indicates that the facility was a dry cleaning facility that utilized PCE as its cleaning chemical (Attachment 5). No deficiencies were noted.

Hydrogeology

Geology at the Smile Cleaners site consist of approximately 60 feet of overburden underlain by red shale and sandstone of the Jurassic Towaco Formation. The overburden is expected to consist of till and outwash deposits of varying thicknesses. Ground water in the overburden will mainly be transmitted through the outwash deposits. Ground water in the Towaco Formation is expected to flow along strike of bedding plane partings which in the area strike approximately N10E and dip NW at approximately 10 degrees.

Ground Water Sampling

During January of 2020, an NJDEP contractor collected ground water samples along the southern property line of the Smile Cleaners property. Low levels of (TCE 1.5 – 2.1 ug/L) were detected at depths between 10 and 21 feet bgs (Map 4).

Area Water Supply

Ground water surface water are the dominant supplies of drinking water in the area. The Preakness Basalt, Towaco Formation and glacial drift deposits are the predominant aquifers used for the potable supply. According to NJDEP GIS data the area within a 4-mile radius of the site falls within the public water purveyor area of the Essex Fells Water Department, Verona Water

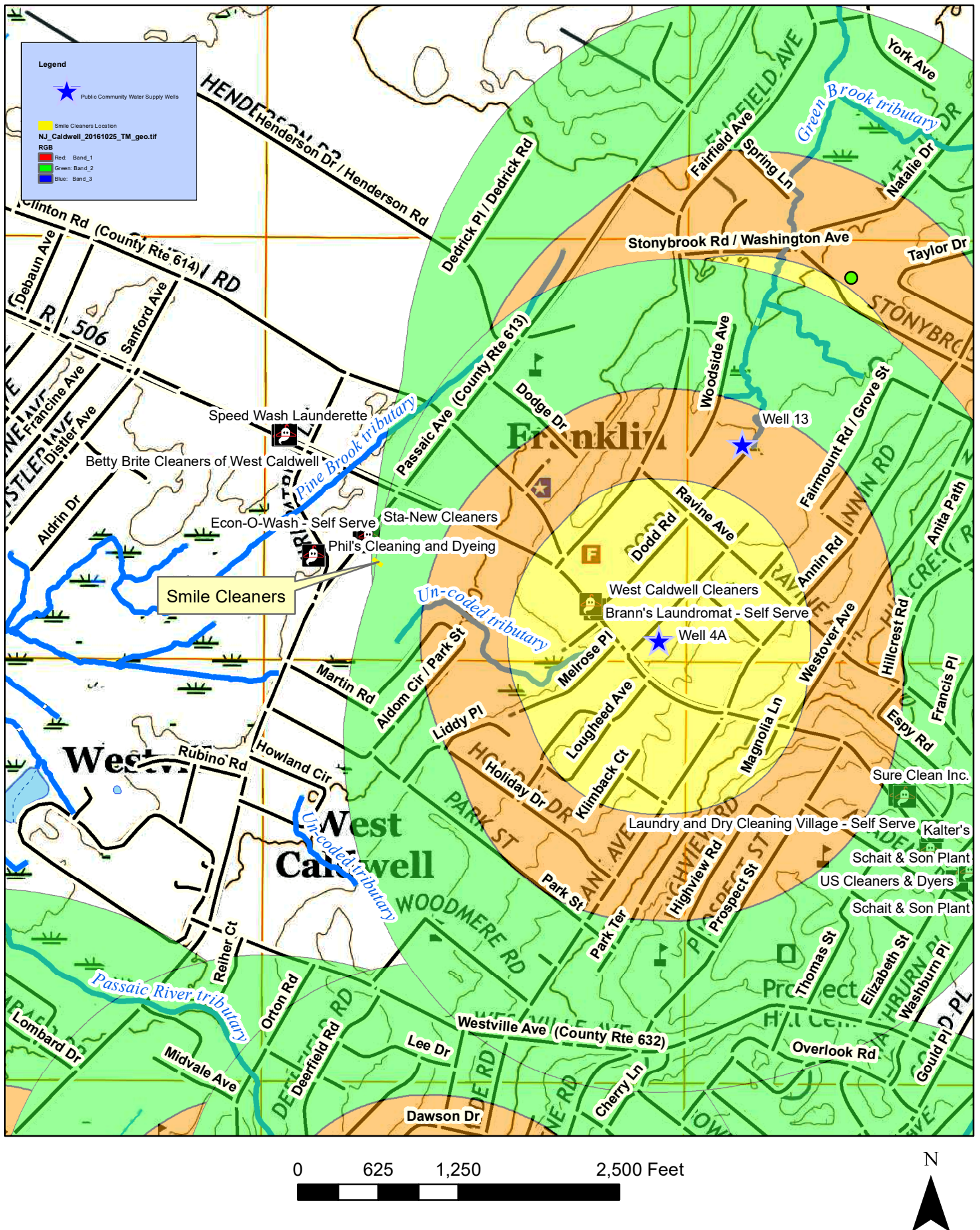
Department, Livingston Township Water Department, East Hanover Water Department and the Livingston Water Division.

The closest public supply wells are approximately 1/2 mile west of the site and are operated by the Essex Fells Water Department (Map 5). The closest drinking water well was located approximately 500 feet from the site and was found to be impacted with chlorinated solvents in 2001. In response to the private well contamination, water lines were run in the area to supply residents with drinking water (Map 3).

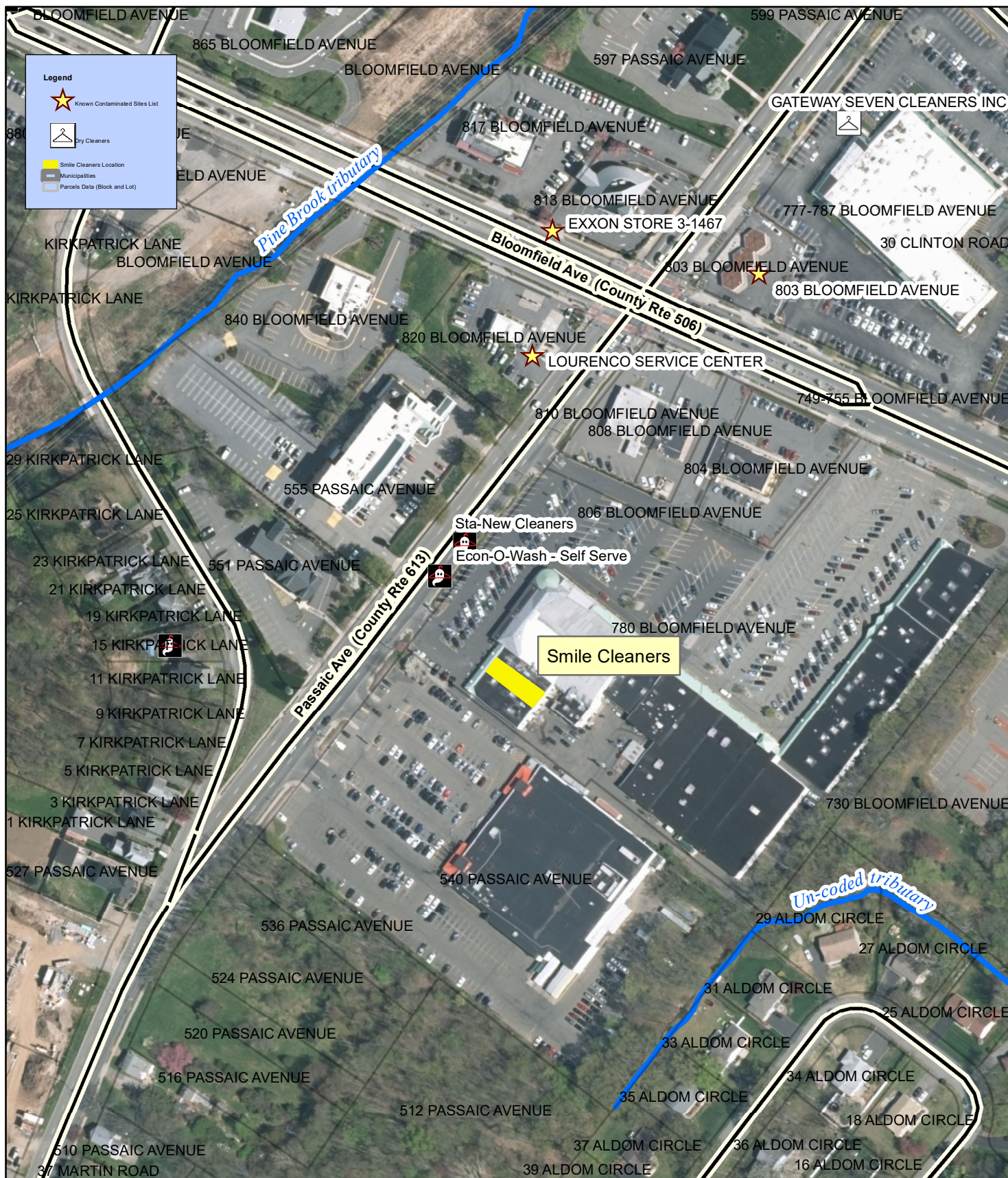
Private and public supply wells in the area have been contaminated with the dry cleaning chemical tetrachloroethylene. In addition, ground water sampling conducted by the DEP's consultant indicates elevated concentrations of tetrachloroethylene at the downgradient property boundary potentially resulting from discharges at the site. The site scored greater than 28.5 on Quickscore, therefore, further action under CERCLA is warranted.

Bill Hanrahan, Principal Geologist
NJDEP, BEMSA
December 21, 2020

Smile Cleaners Topographic Map

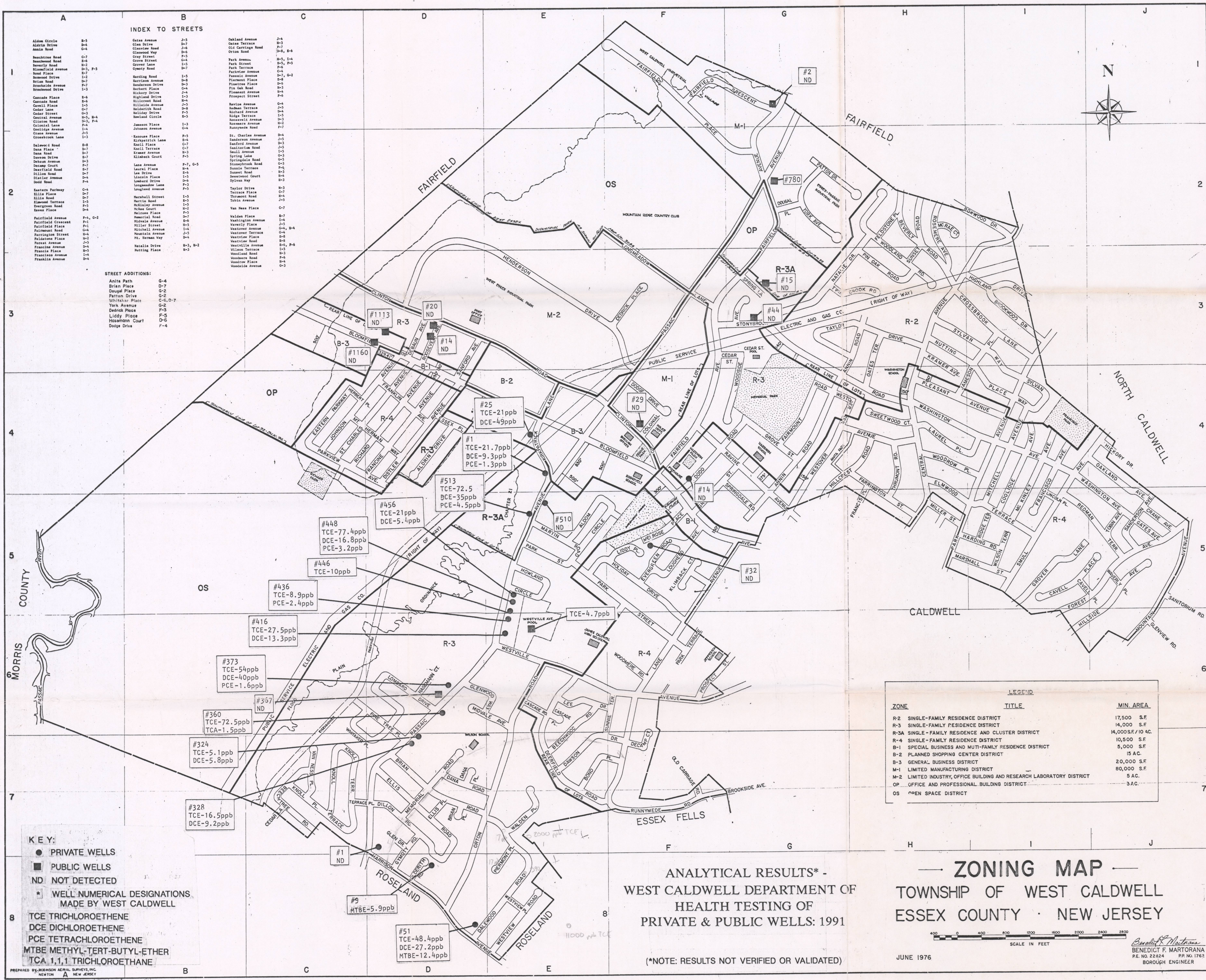


Smile Cleaners Site Location Map



0 125 250 500 Feet





ANALYTICAL RESULTS* -
WEST CALDWELL DEPARTMENT OF
HEALTH TESTING OF
PRIVATE & PUBLIC WELLS: 1991

(*NOTE: RESULTS NOT VERIFIED OR VALIDATED)

ZONING MAP
TOWNSHIP OF WEST CALDWELL
ESSEX COUNTY · NEW JERSEY

SCALE IN FEET
Benedict F. Martorana
P.E. NO. 32824
BOROUGH ENGINEER

INDEX TO STREETS

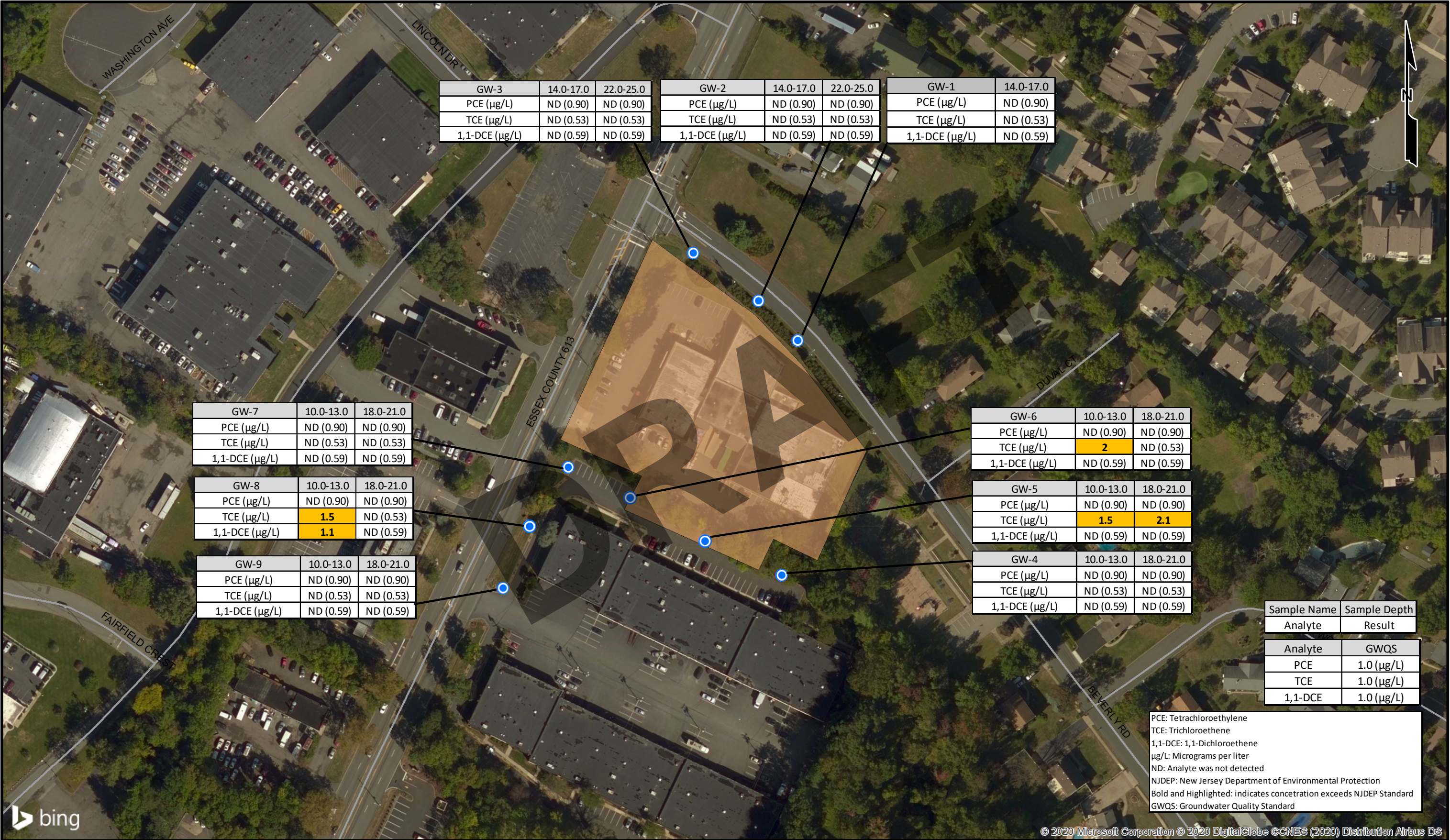
Albion Circle	B-5	Albion Drive	B-5	Albion Road	B-5
Albion Road	B-5	Albion Road	B-5	Albion Road	B-5
Albion Road	B-5	Albion Road	B-5	Albion Road	B-5
Albion Road	B-5	Albion Road	B-5	Albion Road	B-5
Albion Road	B-5	Albion Road	B-5	Albion Road	B-5

STREET ADDITIONS:

Albion Path	G-4	Albion Place	D-7
Albion Place	D-7	Albion Place	D-7
Albion Place	D-7	Albion Place	D-7
Albion Place	D-7	Albion Place	D-7
Albion Place	D-7	Albion Place	D-7

LEGEND

ZONE	TITLE	MIN. AREA
R-2	SINGLE-FAMILY RESIDENCE DISTRICT	17,500 S.F.
R-3	SINGLE-FAMILY RESIDENCE DISTRICT	14,000 S.F.
R-3A	SINGLE-FAMILY RESIDENCE AND CLUSTER DISTRICT	14,000 S.F./10 AC.
R-4	SINGLE-FAMILY RESIDENCE DISTRICT	10,500 S.F.
B-1	SPECIAL BUSINESS AND MULTI-FAMILY RESIDENCE DISTRICT	5,000 S.F.
B-2	PLANNED SHOPPING CENTER DISTRICT	15 AC.
B-3	GENERAL BUSINESS DISTRICT	20,000 S.F.
M-1	LIMITED MANUFACTURING DISTRICT	80,000 S.F.
M-2	LIMITED INDUSTRY, OFFICE BUILDING AND RESEARCH LABORATORY DISTRICT	5 AC.
OP	OFFICE AND PROFESSIONAL BUILDING DISTRICT	3 AC.
OS	OPEN SPACE DISTRICT	



GW-3	14.0-17.0	22.0-25.0	GW-2	14.0-17.0	22.0-25.0	GW-1	14.0-17.0
PCE (µg/L)	ND (0.90)	ND (0.90)	PCE (µg/L)	ND (0.90)	ND (0.90)	PCE (µg/L)	ND (0.90)
TCE (µg/L)	ND (0.53)	ND (0.53)	TCE (µg/L)	ND (0.53)	ND (0.53)	TCE (µg/L)	ND (0.53)
1,1-DCE (µg/L)	ND (0.59)	ND (0.59)	1,1-DCE (µg/L)	ND (0.59)	ND (0.59)	1,1-DCE (µg/L)	ND (0.59)

GW-7	10.0-13.0	18.0-21.0
PCE (µg/L)	ND (0.90)	ND (0.90)
TCE (µg/L)	ND (0.53)	ND (0.53)
1,1-DCE (µg/L)	ND (0.59)	ND (0.59)

GW-8	10.0-13.0	18.0-21.0
PCE (µg/L)	ND (0.90)	ND (0.90)
TCE (µg/L)	1.5	ND (0.53)
1,1-DCE (µg/L)	1.1	ND (0.59)

GW-9	10.0-13.0	18.0-21.0
PCE (µg/L)	ND (0.90)	ND (0.90)
TCE (µg/L)	ND (0.53)	ND (0.53)
1,1-DCE (µg/L)	ND (0.59)	ND (0.59)

GW-6	10.0-13.0	18.0-21.0
PCE (µg/L)	ND (0.90)	ND (0.90)
TCE (µg/L)	2	ND (0.53)
1,1-DCE (µg/L)	ND (0.59)	ND (0.59)

GW-5	10.0-13.0	18.0-21.0
PCE (µg/L)	ND (0.90)	ND (0.90)
TCE (µg/L)	1.5	2.1
1,1-DCE (µg/L)	ND (0.59)	ND (0.59)

GW-4	10.0-13.0	18.0-21.0
PCE (µg/L)	ND (0.90)	ND (0.90)
TCE (µg/L)	ND (0.53)	ND (0.53)
1,1-DCE (µg/L)	ND (0.59)	ND (0.59)

Sample Name	Sample Depth
Analyte	Result

Analyte	GWQS
PCE	1.0 (µg/L)
TCE	1.0 (µg/L)
1,1-DCE	1.0 (µg/L)

PCE: Tetrachloroethylene
TCE: Trichloroethene
1,1-DCE: 1,1-Dichloroethene
µg/L: Micrograms per liter
ND: Analyte was not detected
NJDEP: New Jersey Department of Environmental Protection
Bold and Highlighted: indicates concentration exceeds NJDEP Standard
GWQS: Groundwater Quality Standard

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Legend

Groundwater Sampling Location

Airport Cleaners



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PROJECT NO. 20193289.001A
DRAWN: MARCH 2020
DRAWN BY: MEJ
CHECKED BY: BT
FILE NAME: NPA Results.mxd

**NORTHERN PROJECT AREA
GROUNDWATER SAMPLING
RESULTS MAP**

WEST CALDWELL BORO
GROUNDWATER CONTAMINATION AREA
WEST CALDWELL, NEW JERSEY

FIGURE

X

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Smile Cleaners Public Water Supply Wells



4 MILE WATER WITHDRAWAL APPORTIONMENT

PWSID	OWNER	Total Pop Served	Pop Served Per Well	WELLNAME	TDEPTH	FDEPTH	TOPOI	BOTOI	GEONAME	HYDRONAME	CONFINEMEN	Radius
0706001	Essex Fells Water Dept	2200	138	Well 4A	195	195	0	195	Preakness basalt	basalt	Unconfined	1/4 to 1/2 Mile
		Pop Served 1/4 to 1/2 Mile	138									
0706001	Essex Fells Water Dept	2200	138	Well 13	254	254	100	254	Preakness basalt	basalt	Unconfined	1/2 to 1 Mile
		Pop Served 1/2-1 Mile	138									
0706001	Essex Fells Water Dept	2200	138	Well 14	92	89	61	89	Stratified drift	glacial sand and gravel	Unconfined	1 to 2 Mile
0706001	Essex Fells Water Dept	2200	138	Well 17	450	450	117	450	Towaco Formation	Brunswick aquifer	Unconfined	1 to 2 Mile
0706001	Essex Fells Water Dept	2200	138	Well 1A	96	94	43	94	Stratified drift	glacial sand and gravel	Unconfined	1 to 2 Mile
0706001	Essex Fells Water Dept	2200	138	Well 5	295	295	0	295	Preakness basalt	basalt	Unconfined	1 to 2 Mile
0706001	Essex Fells Water Dept	2200	138	Well 6	565	565	65	566	Preakness basalt	basalt	Unconfined	1 to 2 Mile
0706001	Essex Fells Water Dept	2200	138	Well 7	95	92	72	92	Stratified drift	glacial sand and gravel	Unconfined	1 to 2 Mile
0706001	Essex Fells Water Dept	2200	138	Well 8	420	423	110	423	Preakness basalt	basalt	Unconfined	1 to 2 Mile
0706001	Essex Fells Water Dept	2200	138	Well 9	364	364	85	364	Preakness basalt	basalt	Unconfined	1 to 2 Mile
		Pop Served 1-2 Miles	1,100									
0706001	Essex Fells Water Dept	2200	138	Well 15	468	468	125	468	Towaco Formation	Brunswick aquifer	Unconfined	2 to 3 Miles
0706001	Essex Fells Water Dept	2200	138	Well 16	503	503	94	503	Towaco Formation	Brunswick aquifer	Unconfined	2 to 3 Miles
0706001	Essex Fells Water Dept	2200	138	Well 10	444	444	58	444	Towaco Formation	Brunswick aquifer	Unconfined	2 to 3 Miles
0706001	Essex Fells Water Dept	2200	138	Well 12	220	220	73	220	Towaco Formation	Brunswick aquifer	Unconfined	2 to 3 Miles
0706001	Essex Fells Water Dept	2200	138	Well 11	250	250	86	250	Towaco Formation	Brunswick aquifer	Unconfined	2 to 3 Miles
0720001	Verona Water Department	13000	6,500	Fairview Ave Well (A)	490	490	95	490	Preakness basalt	basalt	Unconfined	2 to 3 Miles
0704002	Essex County Utilities Authority	Inactive	0	Well 9	546	546	100	546	Feltnville Formation	Brunswick aquifer	Unconfined	2 to 3 Miles
0704002	Essex County Utilities Authority	Inactive	0	Well 10	524	524	100	524	Feltnville Formation	Brunswick aquifer	Unconfined	2 to 3 Miles
0720001	Verona Water Department	13000	6,500	Linn Drive Well (B)	650	650	50	650	Preakness basalt	basalt	Unconfined	2 to 3 Miles
0706001	Essex Fells Water Dept	2200	138	Well 2	40	38	28	38	Stratified drift	glacial sand and gravel	Unconfined	2 to 3 Miles
0704002	Essex County Utilities Authority	Inactive	0	Well 7	200	200	0	200	Feltnville Formation	Brunswick aquifer	Unconfined	2 to 3 Miles
0704002	Essex County Utilities Authority	Inactive	0	Well 8	200	200	0	200	Feltnville Formation	Brunswick aquifer	Unconfined	2 to 3 Mlles
0704002	Essex County Utilities Authority	Inactive	0	Well 1	790	790	53	790	Feltnville Formation	Brunswick aquifer	Unconfined	2 to 3 Mlles
0704002	Essex County Utilities Authority	Inactive	0	Well 2	820	820	52	820	Feltnville Formation	Brunswick aquifer	Unconfined	2 to 3 Mlles
		Pop Seved 2-3 Miles	13,826									
0710001	Livingston Township	28324	4,721	Well 3	83	83	43	83	Stratified drift	glacial sand and gravel	Unconfined	3 to 4 Mlles
1410001	East Hanover Water Dept	10000	5,000	Well 5	132	84	65	84	Stratified drift	glacial sand and gravel	Unconfined	3 to 4 Miles
0710001	Livingston Township	28324	4,721	Well 2	384	384	69	384	Towaco Formation	Brunswick aquifer	Unconfined	3 to 4 Miles
0710001	Livingston Township	28324	4,721	Well 1	372	372	72	372	Towaco Formation	Brunswick aquifer	Unconfined	3 to 4 Miles
0710001	Livingston Township	28324	4,721	Well 5	90	90	0	90	Stratified drift	glacial sand and gravel	Unconfined	3 to 4 Miles
0710001	Livingston Township	28324	4,721	Well 8	410	410	113	410	Towaco Formation	Brunswick aquifer	Unconfined	3 to 4 Miles
0710001	Livingston Township	28324	4,721	Well 11	423	423	54	423	Towaco Formation	Brunswick aquifer	Unconfined	3 to 4 Miles
1410001	East Hanover Water Dept	10000	5,000	Well 5R	85	85	65	85	Glaciolacustrine sand and gravel (late Wisconsinan)	glacial sand and gravel	Unconfined	3 to 4 Miles
1421305	Green Briar Residential Health Care Facility	10	10	Well 1	0	0	0	0	Towaco Formation	Brunswick aquifer	Unconfined	3 to 4 Miles
0710001	Livingston Twp Water Div	27391	9,130	W2II 14	114	105	58	100	Lacustrine-fan deposits (late Wisconsinan)	glacial sand and gravel	Unconfined	3 to 4 Miles
0710001	Livingston Twp Water Div	27391	9,130	Well 16	113	113	58	113	Stratified drift	glacial sand and gravel	Unconfined	3 to 4 Miles
0710001	Livingston Twp Water Div	27391	9,130	Well 15	110	95	55	95	Stratified drift	glacial sand and gravel	Unconfined	3 to 4 Miles
		Pop Served 3-4 Miles	65,725									

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E Paul Conine 229 Midland av M
Pastor Rev James S Weaver 15
Carteret M
First-324 Bloomfield av C Pastor
Rev John R Wilcox 85 Hillside av
WC
Grace-153 Grove M Pastor Rev
Frank A Hunger DD 24 Cleveland
rd M
Montclair Reformed-72 Gates av
M Pastor Rev Luther B Mc-
Farland 72 Gates av M
Trinity United-260 Orange rd M
Pastor Rev C Lincoln McGee
5 High M
Upper Montclair-53 Norwood av
M Pastor Rev Dr Joseph C Dick-
son 183 Inwood av M
Verona First-20 Fairview av V
Pastor Rev Walter M Moore 38
Fairview av V

Reformed-

Fairfield-Fairfield rd CTwp Pastor
Rev William P Green Jr Fairfield
rd CTwp
Montclair Heights-811 Valley rd M
Pastor Rev Garrett C Roorda 81
Mount Hebron rd M

Roman Catholic-

Church of Our Lady of The Lake-
24 Lakeside av V Pastor Rev
Francis C Carey 32 Lakeside av
V
Church of The Immaculate
Conception-36 N Fullerton av M
Pastor Rt Rev Msgr Thomas H
Powers 30 N Fullerton av M
Our Lady of MtCarmel (Italian)-
94 Pine M Pastor Rev Louis
Bosio 94 Pine M
StAlloysius-213 Bloomfield av C
Pastor Rev Patrick F Joyce 219
Bloomfield av C
StCassian's-4 Norwood av M Pastor
Rev John J Brown 187 Bellevue
av M
StCatherine of Siena-31 E Bradford
av CG Pastor Rev Raymond J
Quinn 339 Pompton av CG
StPeter Claver-56 Elmwood av M
Pastor Rev David Price h at
Orange

Salvation Army-

Salvation Army The-175 Glenridge
av M

Seventh Day Adventist-

First-90 Mission M Elder Rev L R
Peyton Preston h at Jersey City

Unitarian-

Unitarian-67 Church M Pastor Rev
Dr Norman D Fletcher 66 Over-
look rd UM

Udenominational-

Alpha and Omega Tabernacle The-
207 Bloomfield av M Pastor
Elder Jeremiah Goodwin 207
Bloomfield av M
Bethel Gospel Hall-18 Washington
M
Christian and Missionary Alliance
Church-308 Mountain av NC
Pastor Rev Wilmer Heffer 306
Mountain av NC
Church of God in Christ-10
Hartley M
Community Church-65 Bowden rd
CG Pastor Rev Ernest B Fisher
77 Young av CG

First Church in Christ-23 Rose-
land av C Pastor Rev William T
Jones 23 Roseland av C
Grace Chapel-6 Washburn pl C
Italian Christian Assembly-28
George M
Jehovah's Witnesses-46 Personette
av V
Old First Church The-542 Pompton
av CG Pastor Rev Glenn
McCaulley 532 Pompton av CG
Religious Society of Friends-289
Park M
Trinity Temple Church of God in
Christ-195 Bloomfield av M
Pastor Rev Kelmo C Porter h at
E Orange
Unity Center of Montclair-(10) 6
S Fullerton av M Pastor Gladys
Stevenson 45 Church M
West Caldwell Union Church-33
Fairfield av WC Pastor Rev
Roger A Pohl 29 Fairfield av WC

CIDER MFRS

Handleman's Cider Mill Horseneck rd
CTwp

CIGARS AND TOBACCO - RETAIL

H & H Shops 486 Bloomfield av M

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Newark N J - See p 24

*CIVIL ENGINEERS (See Engineers - Civil)

*CLEANERS - GARMENTS CURTAINS AND DRAPERIES (See Cleaners and Dyers)

CLEANERS AND DYERS

Ace Cleaners 301 Bloomfield av M
Ayers A Raymond 190B Bloomfield av
M
Bacher Henry 412 Bloomfield av C
Bahto & Son 623 Valley rd
Blue Ribbon Cleaners Inc 243 Bloom-
field av M and 312 Orange rd M
Choppy's Cleaners 316 Orange rd M
Clare Driv-In Cleaners 146 Bloom-
field av V
Colonial Cleaners 127 Grove M
Corde Cleaners 718 Bloomfield av GR
Danielson Frank E Inc 129 Grove M
Ellsworth Cleaners 4 Park av C
Exclusive Cleaners The 632 Pompton
av CG
Federal Cleaners & Dyers Inc 235
Bellevue av M 376 Bloomfield av C
446 Bloomfield av M 558 Bloom-
field av V 115A Grove M and 49
Watchung Plaza M
Gemmell's Cleaners Inc 700 Bloom-
field av V
Glenclair Cleaners & Tailors 401
Orange rd M
Golden Rose Cleaners Inc 706-708-
710 Bloomfield av M
Grayson Cleaners 79 Pine M
Grove One Hour Cleaners 10 Bowden
rd CG
Janett Cleaners & Tailors 410 Pomp-
ton av CG
Kaltor Samuel 381-383 Bloomfield av
C
Koorie H 3 Park M
Lipkin Nathan 3 Smull av C

Midland Cleaners 21A Midland av M
MOLINE - KRONBERG 225 Lorraine
av Upper Montclair
Montclair French Cleaners 603 Valley
rd M
Montclair Tailoring Est 179
Glenridge av M
Murphy Cleaners 228 Lorraine av M
NATIONAL CLEANERS & TAILORS
133 Grove M - See top lines
Norman Suburban Cleaners 96 Walnut
M
One Hour Martinizing 349 Bloomfield
av M
Perry George G 129 Bloomfield av
M
Phil's Cleaning and Dyeing 15
Kirkpatrick la WC
Raveneau Cleaners 270 Bloomfield av
M
Reliable Tailors & Cleaners 123B
Watchung av M
Schait & Son Inc 199 Bellevue av
444 and 463 Bloomfield av C and
80 Church M
Speed Cleaners 402-404 Bloomfield
av V
Sta-New Cleaners 554 Passaic av WC
Sun Lite Cleaners 50 Glenridge av M
Taylor James W 108 Bloomfield av
M
Twin Method Cleaners Inc 619
Bloomfield av V
U S Cleaners 445 Bloomfield av C
United Art Cleaners 401 Bloomfield
av M
West Caldwell Cleaners 665 Bloom-
field av WC

*CLERGYMEN (See Churches)

CLINICS

Infant Welfare Clinic Civic Center V

*CLOTHES CLEANERS (See Cleaners and Dyers)

CLOTHING - CHILDREN'S AND INFANTS' - RETAIL

Boy & Girl Shop 490 Bloomfield av M
Caldwell Youth Centre 357 Bloomfield
av C
Children's Shop The 543 Bloomfield
av M
Petite Shop Inc 612 Valley rd M

CLOTHING - MENS AND BOYS - RETAIL

Carlton Shop The 624 Valley rd M
Frey J Ronald Ltd 530 Bloomfield av
V
Frost & Son Inc 559-561 Bloomfield
av M
Gaylord Informals 44A Fairfield M
Jim-Carl Men's Shop 632 Bloomfield
av V
Parillo Chris Inc 598 Valley rd M
Stopford Al 32 S Park M

CLOTHING - USED

Bnai Brith Thrift Shop 346 Bloom-
field av M
Montclair Junior League Salvage
Shop 411 Bloomfield av M
Salvation Army Social Service The
363 Bloomfield av M
Sarrantos Peter 146 Bloomfield av
M
Verona Thrift Shop 858 Bloomfield av V

HILLSIDE GARDENS INC.
FLORISTS "The House of Beautiful Flowers"
(Member F.T.D.) • 70 GRANDVIEW AVE., N. CALDWELL • CA 6-1220



HA-5

Price & Lee's
Montclair
(ESSEX COUNTY, N.J.)

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1963

Including Caldwell, Essex Fells, Verona, Cedar Grove, Glen Ridge

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- Complete street and avenue guide, including householders, and occupants of office buildings and other business places, with telephone numbers
- Telephone numerical directory

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tor Rev William P Green Jr
Fairfield rd CTwp
Montclair Heights-811 Valley rd M
Pastor Rev Garrett C Roorda
81 Mount Hebron rd M

Roman Catholic

Church of Our Lady of The Lake-
24 Lakeside av V Pastor Rev
Francis C Carey 32 Lakeside av
V
Church of The Immaculate Concep-
tion-36 N Fullerton av M Pastor
Rev John E McCarthy Administra-
tor 30 N Fullerton av M
Our Lady of MtCarmel-(Italian) 96-
100 Pine M Pastor Rev Louis
Bosio 94 Pine M
StAloysius-213 Bloomfield av C
Pastor Rev Patrick F Joyce 219
Bloomfield av C
StCassian's-4 Norwood av M Pas-
tor Rev John J Brown 187 Belle-
vue av M
StCatherine of Siena-31 E Bradford
av CG Pastor Rev Raymond J
Quinn 339 Pompton av CG
StPeter Claver-56 Elmwood av M
Pastor Rev David Price h at
Orange

Salvation Army

Salvation Army The-175 Glenridge
av M

Seventh Day Adventist

First-90 Mission M Elder Rev L R
Peyton Preston h at Jersey City
Unitarian

Unitarian-67 Church M Pastor Rev
Dr Norman D Fletcher 66 Over-
look rd UM

Udenominational

Alpha and Omega Tabernacle The-
207 Bloomfield av M Pastor El-
der Jeremiah Goodwin 207
Bloomfield av M

Apostolic Faith Church of God-11
Mission M Elder Sister W M
Gaymon 129 Maple av M

Bethel Gospel Hall-18 Washington
M

Christian and Missionary Alliance
Church-308 Mountain av NC
Pastor Rev Albert N Martin 306
Mountain av NC

Church of God in Christ-10 Hartley
M

Church of Jesus Christ of Latter
Day Saints-209 Mountain av NC
Community Church-65 Bowden rd
CG

First Church in Christ-23 Rose-
land av C Pastor Rev William T
Jones 23 Roseland av C

Grace Chapel-6 Washburn pl C
Italian Christian Assembly-28
George M

Jehovah's Witnesses-46 Person-
ette av V

MtCarmel United Holy Church-15
Pine M Pastor Rev Walter N
Strobhar 268 Orange rd M

Old First Church The-542 Pompton
av CG Pastor Rev Glenn McCaul-
ley 532 Pompton av CG

Religious Society of Friends-289
Park M

StPaul's Seventh Day Christian-205
Glenridge av M

Trinity Temple Church of God in
Christ-195 Bloomfield av M Pas-
tor Rev Kelmo C Porter h at
East Orange

Unity Center of Montclair-84
Orange rd M
Universal Hagar's Church-109
Bloomfield av M
West Caldwell Union Church-33
Fairfield av WC Pastor Rev
Roger A Pohl 29 Fairfield av WC

CIDER MFERS

Handleman's Cider Mill Horseneck
rd CTwp

CIGARS AND TOBACCO - RETAIL

H & H Shop 482 Bloomfield av M

*CITY DIRECTORY PUBLISH- ERS

PRICE & LEE CO The (405) 11 Hill
Newark NJ - See p 24

*CIVIL ENGINEERS (See Engineers - Civil)

*CLEANERS - GARMENTS CURTAINS AND DRAPER- IES (See Cleaners and Dyers)

CLEANERS AND DYERS

Ace Cleaners 301 Bloomfield av M
Ayers A Raymond 90B Bloomfield av M
Backer Henry 412 Bloomfield av C
Bahto & Son 623 Valley rd M
Blue Ribbon Cleaners Inc 243 Bloom-
field av M and 312 Orange rd M
Caldwell Coin Cleaners 234 Bloom-
field av C
Choppy's Cleaners 316 Orange rd M
Clare Driv-In Cleaners 146 Bloom-
field av V
Colonial Cleaners 127 Grove M
Corde Cleaners 718 Bloomfield av GR
Danielson Frank E Inc 129 Grove M
Ernie's Cleaners 84 Maple av M
Exclusive Cleaners The 632 Pompton
av CG
Faire Bon 688 Bloomfield av V
Federal Cleaners & Dyers Inc 235
Bellevue av M 376 Bloomfield av C
558 Bloomfield av V 115A Grove M
and 49 Watchung Plaza M
Gemmell's Cleaners Inc 700 Bloom-
field av V
Glenclair Cleaners & Tailors 401
Orange rd M
Golden Rose Cleaners Inc 706-708-
710 Bloomfield av M
Grove One Hour Cleaners 10 Bowden
rd CG
Kalter's 466 Bloomfield av C
Koorie H 3 Park M
Lipkin Nathan 3 Smull av C
Midland Cleaners 21A Midland av M
MOLINE-KRONBERG 225 Lorraine
av Upper Montclair - See p 30
Montclair Tailoring Est 179 Glen-
ridge av M
Murphy Cleaners 228 Lorraine av M
NATIONAL CLEANERS & TAILORS
133 Grove M - See top lines
Norman Suburban Cleaners 110Walnut M
One Hour Martinizing 308 Bloomfield
av V and 349 Bloomfield av M
Paragon Cleaners 129 Bloomfield av
M

Phil's Cleaning and Dyeing 15 Kirk-
patrick la WC
Pilgrim Cleaners 328 Pompton av CG
Raveneau Cleaners 270 Bloomfield av
M

Reliable Tailors & Cleaners 123B
Watchung av M

Schait & Son Inc 199 Bellevue av M
463 Bloomfield av C 444 Bloom-
field av and 80 Church M

Speed Cleaners 402-404 Bloomfield
av V

Spring Cleaners Inc 444 Bloomfield
av M

Sta-New Cleaners 554 Passaic av WC
Taylor James W 108 Bloomfield av M

Twin Method Cleaners Inc 619 Bloom-
field av V

U S Cleaners 445 Bloomfield av C
United Art Cleaners 401 Bloomfield M
West Caldwell Cleaners 665 Bloom-
field av WC

*CLERGYMEN (See Churches)

*CLOTHES CLEANERS (See Cleaners and Dyers)

CLOTHING - CHILDREN'S AND INFANTS' - RETAIL

Caldwell Youth Centre 357 Bloom-
field av C

Children's Shop The 543 Bloomfield
av M

Petite Shop Inc 612 Valley rd M

CLOTHING - MEN'S AND BOYS' - RETAIL

Bunce Donald 44 Church M

Carlton Shop The 624 Valley rd M
Frost & Son Inc 559-561 Bloomfield
av M

Gaylord's 26 S Fullerton av M

Jim-Carl Men's Shop 632 Bloomfield
av V

Parillo Chris Inc 598 Valley rd M
Stopford Al 32 S Park M

CLOTHING - USED

Bnai Brith Thrift Shop 346 Bloom-
field av M

Montclair Junior League Salvage
Shop 411 Bloomfield av M

Once More Dress Shop 16 Church M

Salvation Army Social Service The
363 Bloomfield av M

Sarantos Peter 146 Bloomfield av M

Verona Thrift Shop 858 Bloomfield av V

CLOTHING - WOMEN'S AND MISSES' - RETAIL

Alex' Gowns Inc 620 Valley rd M

Ann's Gowns Inc 513 Bloomfield av M

Bick Helen 34 Church

Cashmere Boutique Inc 26 Church M

Catherine 13 S Fullerton av M

Cooper Marguerite L Mrs 202 Belle-
vue av M

Cotton Shop 403 Bloomfield av C

Evenson's 569-571 Bloomfield av V

Fashion Center Inc The 536 Bloom-
field av M

Flair of Montclair Inc 32 Church M

Folker Associates 150 Pine M

FREDERICK'S GOWN SHOP INC 500
Bloomfield av M

French Shop The 493 Bloomfield av M
Garment Shop 312 Orange rd M

Price & Lee's
MONTCLAIR
(ESSEX COUNTY, N.J.)
CITY DIRECTORY
1969

Including Caldwell, Essex Fells, Verona,
Cedar Grove, Glen Ridge, Fairfield

CONTAINS:

- Buyers' Guide and a complete classified business directory
- Alphabetical directory of business concerns and private citizens
- Complete street and avenue guide, including householders, and occupants of office buildings and other business places, with telephone numbers and Zip Codes.
- Telephone numerical directory

PLUS

Useful and interesting information about the city

**SOLD ON
SUBSCRIPTION ONLY**

THE PRICE & LEE COMPANY
PUBLISHERS

1064 CLINTON AVE. TEL. 399-1313 IRVINGTON, N.J.

Member Association of North American Directory Publishers

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New Jersey State Library

A
974.931
M77

CHURCHES (continued)**Christian Science**

First Church of Christ Scientist 10 Hillside
av M

Congregational

First-19 Church V Pastor Rev Desmond M
Sargent h 20 Malvern pl V
First-42 S Fullerton av M Pastor Rev
Charles M Smith h 66 Plymouth M
Glen Ridge-195 Ridgewood av GR Pastor Rev
Roger J Reed inq do
Union-170 Cooper av M Pastor Rev Glenn W
Young h 160 Cooper av M
Watchung-143 Watchung av M pastor Rev
Robert G Kemper h 20 Waterbury rd M
Covenant
Valley Road-17 Valley rd M Pastor Rev
Donald E Lindman 19 Valley rd M

Episcopal

Christ-737 Bloomfield av GR Rector Rev
Charles P Shulhafer h 65 Douglas rd GR
Church of the Holy Spirit-36 Gould V
St James-583 Valley rd M Rector Rev Orrin
F Judd 163 Cooper av M
St John's-53 Montclair av M Rector Rev John
Harms 59 Montclair av M
St Luke's-73 S Fullerton av M Rector Rev
George M Bean 75 S Fullerton av M
St Peter's-267 Roseland av EF
Trinity-19 N Willow M Pastor Rector Rev
Sidney B Parker 43 Gates av M

Evangelical Free

Calvary-Welsh rd c Fells rd EF Pastor Rev
Raymond Martin Welsh rd c Fells rd EF

***Jewish**

(See Synagogues)
Latter Day Saints

Church of Jesus Christ of Latter Day Saints
209 Mountain av NC

Lutheran

Calvary-23 S Prospect V Pastor Rev Paul K
Koeppen 32 S Prospect V
First-153 Park M Pastor Rev Paul A Laurell
130 Summit av Upper Montclair
Holy Trinity-103 Gould av NC Pastor Rev
Harold L Hasenauer 85 Mountain av NC

Methodist

Clinton-96 Plymouth F
Emanuel-13 Hartley M Pastor Rev William T
Hicks h at Newark
First-20 N Fullerton av M Pastor Rev Lowell
M Atkinson 12 Highland av M
First-34 Washburn pl C Pastor Rev Frank
T Reed 7 Washburn pl C
Grace Union American-72 Greenwood av M
St Marks-51 Elm M Pastor Rev B Milton
Hargrove 36 Fulton M
Verona-26 Montrose av V Pastor Rev Roy C
Greene 24 Montrose av V

Presbyterian

Central-46 Park M Pastor Rev Roger A
Huber 11 Vera pl M
First-324 Bloomfield av C pastor Rev John
R Wilcox 85 Hillside av WC
Grace-153 Grove M Pastor Rev Robert E
Bell 63 Tuxedo rd M
Montclair Reformed-72 Gates av Pastor Rev
Wayne Spear 72 Gates av M
Presbyterian Church of West Caldwell-33
Fairfield av WC Pastor Rev Calvin Gray
29 Fairfield av WC
Trinity United-260 Orange rd M Pastor Rev
C Lincoln McGee DD Manse 5 High M
United Presbyterian Church of Cedar Grove-
915 Pompton av CG Pastor Rev W George
French 11 Skytop rd CG
Upper Montclair-53 Norwood av M Pastor
Rev Dr Joseph C Dickson 183 Inwood av M
Verona First-10 Fairview av V Pastor Rev
Walter M Moore 38 Fairview av V

Reformed

Fairfield-Fairfield rd F Pastor Rev John
Hamersiva 360 Fairfield rd F
Montclair Heights-811 Valley rd M Pastor
Rev Garrett C Roorda 81 Mount Hebron
rd M

Roman Catholic

Church of Our Lady of The Lake-24 Lake-
side av V Pastor Rev Francis C Carey
32 Lakeside av V

Church of Immaculate Conception 36 N
Fullerton av M Rt Rev Thomas W
Cunningham 30 N Fullerton av M
Notre Dame-Rev John E Murphy Pastor
Central av NC
Our Lady of Mt Carmel-(Italian) 96-100
Pine M Pastor Rev Annunziato G
Crescenti 94 Pine M
St Aloysius-213 Bloomfield av C Pastor
Rev W Gordon Pryne 219 Bloomfield
av C
St Cassian's-4 Norwood av M Pastor Rev
John V Brown 187 Bellevue av M
St Catherine of Siena-31 E Bradford av
CG Pastor Rt Rev Mnsgr William N
Field 339 Pompton av
St Peter Claver-56 Elmwood av M Pastor
Rev David Price h at Orange
St Thomas More-12 Hollywood av F
Pastor Rev George Hresko 12 Holly-
wood av F
Salvation Army
Salvation Army The 13 Trinity pl M
Seventh Day Adventist
Seventh Day Adventist Church 16 Elmwood
av M
Unitarian
Unitarian-67 Church M Pastor Rev Dr
Norman D Fletcher 66 Overlook rd UM
Undenominational
Alpha and Omega Tabernacle The 207
Bloomfield av M Pastor Elder Jeremiah
Goodwin 207 Bloomfield av M
Calvary Church-8 Wheeler M
Christian and Missionary Alliance Church-
308 Mountain av NC Pastor Rev Albert
N Martin 308 Mountain av NC
Church of God in Christ-10 Hartley
Community Church 65 Bowden rd CG
Pastor Rev Russell Loesch 77 Young
av CG
First Church of God in Christ-23 Rose-
land av C Pastor Rev William T Jones
23 Roseland av C
Grace Chapel-6 Washburn pl C
Italian Christian Assembly 28 George M
Jehovah's Witnesses 180 Bloomfield av M
Jehovah's Witnesses-44 Personette av V
Montclair Deliverance Center (Evangelist)
102 Bloomfield av M
Mt Carmel United Holy Church-15 Pine M
Pastor Rev Walter N Strobhar 268
Orange rd M
Old First Church of Cedar Grove The 560
Ridge rd CG Pastor Rev Wesley Olsen
186 Claremont av
St Paul's Seventh Day Christian Church-
205 Glenridge av M
Scripture Church The-110-112 Bloomfield
av M
Trinity Temple Church of God in Christ-
195 Bloomfield av M Pastor Rev
Charles W Turner
Unity Center of Montclair-84 Orange rd M
Universal Hagar's Church-109 Bloomfield
av M

CIDER MFERS

Handleman's Cider Mill 348 Horseneck rd F

CIGARS AND TOBACCO - RETAIL

H & H Shop 482 Bloomfield av M

CIRCUS COMPANIES

Amusements of America 9 Gymoty rd WC

***CITY DIRECTORY PUBLISHERS**

PRICE & LEE CO THE 1064 Clinton av
Irvington N J tel 399-1313 - See p 22

***CIVIL ENGINEERS**
(See Engineers - Civil)**CLEANERS AND DYERS**

Ace Cleaners Inc 301 Bloomfield av M
Ann & Jim's Cleaners 21A Midland av M
Bahto & Son 623 Valley rd M
Caldwell Coin Cleaners 234 Bloomfield av C
Choppy's Cleaners 316 Orange rd M
Clare Drive-In Cleaners 146 Bloomfield av V
Colonial Cleaners 127 Grove M
Corde of Glen Ridge Inc 718 Bloomfield av GR
Danielson Frank E Inc 129 Grove M
Ernie's Cleaners 84 Maple av M
Exclusive Cleaners The 632 Pompton av CG
Faire Bon Cleaners 688 Bloomfield av V
Fairfield Cleaners 374A Hollywood av F
Fullerton Cleaners 59 N Fullerton av M
Gemmell's Cleaners Inc 700 Bloomfield av V
Glasser J 3 Small av C
Golden Rose Cleaners Inc 706-708-710
Bloomfield av M
Grove One Hour Cleaners 10 Bowden rd CG
Halmark Cleaners 198 Stevens av CG
J & V Cleaners 312 Orange rd M
Kalter's 466 Bloomfield av C
Koorie H 3 Park M
Leon Cleaners 108 Bloomfield av M
Meredith Cleaners 190B Bloomfield av M

MOLINE-KRONBERG 225 Lorraine av tel
744-6482 - See p 30

Montclair Tailoring Est 179 Glenridge av M

NATIONAL CLEANERS & TAILORS 133
Grove M tel 746-8812 - See top lines

Norman Suburban Cleaners 106 Walnut M
One Hour Martinizing 192 Bloomfield av C
One Hour Martinizing 349 Bloomfield av M
One Hour Martinizing 308 Bloomfield av V
One Hour Martinizing 344 Pompton av CG
Phil's Cleaning and Dyeing 15 Kirkpatrick la WC
Pilgrim Cleaners 328 Pompton av V
Raveneau Cleaners 270 Bloomfield av M
Reliable Tailors & Cleaners 123B Watchung av
M
Schait & Son Inc 199 Bellevue av M 463 Bloom-
field av C and 80 Church M
Speed Cleaners 402-404 Bloomfield av V
Sta-New Cleaners 554 Passaic av WC
Sure Clean Inc 487 Bloomfield av C
Taft Cleaners 235 Bellevue av M and 243 Bloom-
field av M
Taft Stores 376 Bloomfield av C
Twin Method Cleaners Inc 619 Bloomfield av V
U S Cleaners 445 Bloomfield av C
West Caldwell Cleaners 665 Bloomfield av WC

***CLERGYMEN**
(See Churches)**CLINICS**

Child Health Conference Civic Center V

***CLOTHES CLEANERS**
(See Cleaners and Dyers)**CLOTHING - CHILDREN'S AND
INFANTS' - RETAIL**

Children's Store The 357 Bloomfield av C
Petite Shop Inc 612 Valley rd M



REALTOR
VIRGINIA L. FLICK

17 HERMAN ST.
GLEN RIDGE N.J.
07028

Tel.
748-5031

COMMUNITY RIGHT TO KNOW SURVEY FOR 2007

For State and Federal Community Right to Know Reporting

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

Please type or print legibly.

FACILITY ID: 00000045101 NAICS: 812320

ATTN: GYE IN AN
SMILE CLEANERS INC
554 PASSAIC AVE
WEST CALDWELL, NJ 07006

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

FEIN: 810581972 C/M CODE: 0721

554 PASSAIC AVE
WEST CALDWELL, NJ 07006
COUNTY: ESSEX

Please indicate the reason for changing this information
☐ this facility moved ☐ additional facility
☐ correction to existing location

See instructions if information on these forms is incorrect.

B Does this facility **Produce, Store or Use**
Environmental Hazardous Substances on
Table A in a pure or mixture state:
Darken either yes or no box

1. in any quantity? ☒ Yes ☐ No
 2. above thresholds? ☒ Yes ☐ No

D Number of employees at facility

4

E Number of facilities in New Jersey

2

F Federal EIN (Please verify)

810581972

C Briefly describe the current operations or business
conducted at this facility:

perc dry cleaning

G If you are claiming an R&D lab
exemption for this facility, enter
your approval number.

H Reserved

I FACILITY EMERGENCY CONTACT

Name Gye I. AN

Title president

Facility Phone # (973) 575-8446

Emergency Contact Phone # (973) 580-0027

J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally
examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals
immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Signature Gye I. AN

Fax # ()

Date 2/29/08 Phone # (973) 575-8446

Name Gye I. AN

Title president

K UNION REPRESENTATIVE

Union Name/Local #

E-mail

Name

Phone # ()

RETURN SIGNED ORIGINAL TO:

NJDEP

Office of Pollution Prevention &
Right To Know
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies
of this survey to the agencies
listed in the instruction guide.
You must also keep a copy at
your facility.



COMMUNITY RIGHT TO KNOW SURVEY FOR 2006

For State and Federal Community Right to Know Reporting

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

Please type or print legibly.

FACILITY ID: 00000045101 NAICS: 812320

ATTN: GYE IN AN
SMILE CLEANERS INC
554 PASSAIC AVE
WEST CALDWELL, NJ 07006A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

FEIN: 810581972 C/M CODE: 0721

554 PASSAIC AVE
WEST CALDWELL, NJ 07006
COUNTY: ESSEX

See instructions if information on these forms is incorrect.

Please indicate the reason for changing this information
[] this facility moved [] additional facility
[] correction to existing locationB Does this facility Produce, Store or Use
Environmental Hazardous Substances on
Table A in a pure or mixture state:
Darken either yes or no box1. in any quantity? ☒ Yes ☐ No2. above thresholds? ☒ Yes ☐ NoC Briefly describe the current operations or business
conducted at this facility:

perc dry cleaning

D Number of employees at facility

4

E Number of facilities in New Jersey

2

F Federal EIN (Please verify)

810581972

G If you are claiming an R&D lab
exemption for this facility, enter
your approval number.

H Reserved

I FACILITY EMERGENCY CONTACT

Name Gye I. ANTitle president

Facility Phone # (973) 575-8446

Emergency Contact Phone # (973) 580-0027

J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally
examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals
immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.Signature Gye I. AN

Fax # ()

Date 8/20/08 Phone # (973) 575-8446Name Gye I. ANTitle president

K UNION REPRESENTATIVE

Union Name/Local #

E-mail

Name

Phone # ()

RETURN SIGNED ORIGINAL TO:

NJDEP

Office of Pollution Prevention &
Right To Know

PO Box 405

Trenton, NJ 08625-0405

You are required to send copies
of this survey to the agencies
listed in the instruction guide.
You must also keep a copy at
your facility.



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

JON S. CORZINE
Governor

Division of Environmental Safety and Health
Office of Pollution Prevention and Right to Know
P.O. Box 405
Trenton, NJ 08625-0405

LISA P. JACKSON
Commissioner

SMILE CLEANERS INC
554 Passaic Ave
West Caldwell, NJ 07006

NOTICE OF VIOLATION

EA ID #: BEA080001 - 00000045101

You are hereby NOTIFIED that during a compliance evaluation of the above organization located at: 554 Passaic Ave, West Caldwell Twp, NJ on 06/27/2008, the following violation of the New Jersey Worker and Community Right to Know Act (N.J.S.A. 34:5A-1 et seq.), and the New Jersey Worker and Community Right to Know Regulations (N.J.A.C. 7:1G et seq.), was determined.

Requirement: Pursuant to N.J.A.C. 7:1G-3.1(a), an employer shall complete and submit to the Department a Community Right to Know Survey for each facility covered by the rules, indicating if environmental hazardous substances (EHSs) were present during the reporting period and listing the EHSs that met or exceeded the threshold quantities for reporting listed at N.J.A.C. 7:1G-3.1(b). Pursuant to N.J.A.C. 7:1G-5.1(a), an employer subject to reporting under the Worker and Community Right to Know Act, regardless of whether the employer also meets the Federal requirements for reporting under Section 312 of SARA, shall transmit a Community Right to Know Survey for each covered facility to the Department by March 1 of the year following the reporting year. Also, a copy shall be transmitted to the Right to Know County: Lead Agent in which County the facility is located, the Local Emergency Planning Committee (LEPC) and the facility's local Fire and Police Departments.

Description of Non-Compliance: The Department has determined that you failed to complete and submit to the Department by March 1, 2007 the Community Right to Know Survey for your facility for the 2006 reporting year.

The Department will not assess a penalty against you for the violation above if corrected by the deadline below.

You must take the following corrective actions:

On or before August 29, 2008, complete and submit a Community Right to Know Survey for the 2006 reporting year listing all EHSs that met or exceeded the threshold during the reporting period to the New Jersey Department of Environmental Protection, Office of Pollution Prevention and Right to Know, P.O. Box 405, Trenton, NJ 08625-0405. The Office can be reached at (609) 292-6714. The Community Right to Know Survey can be submitted electronically at: www.nj.gov/dep/online. Also, a copy shall be mailed to the Right to Know County: Lead Agent in the County the facility is located, the LEPC and the facility's local Fire and Police Departments.

Issuance of this Notice of Violation serves as notice to you that the Department has determined that a violation has occurred and does not preclude the State of New Jersey or any of its agencies from initiating administrative or judicial enforcement action, or from assessing penalties or from modifying this Notice of Violation, with respect to this or other violations. Violations of the above regulations are subject to penalties of up to \$2,500.00 per day/offense.

Issued by: Michael DiGiore

Date: July 25, 2008

Signature: Michael DiGiore

How are you?

I think I did it by Certified mail

However I send it to you again

I will follow you. Thank you

COMMUNITY RIGHT TO KNOW SURVEY FOR 2008

For State and Federal Community Right to Know Reporting

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

Please print legibly.

0 0 0 0 0 0 4 5 1 0 1 812320

ATTN: GYE IN AN
SMILE CLEANERS INC
554 PASSAIC AVE
WEST CALDWELL, NJ 07006

A Facility Location - Street, City, State, Zip and County

8 1 0 5 8 1 9 7 2 0 7 2 1

554 PASSAIC AVE
WEST CALDWELL, NJ 07006-
County: ESSEX

Please indicate the reason for changing this information

[] this facility moved [] additional facility

[] correction to existing location

See instructions if information on these forms is incorrect.

B Does this facility **Produce, Store or Use**
Environmental Hazardous Substances on
Table A in a pure or mixture state:
Darken either yes or no box

1. in any quantity? ☒ Yes ☐ No
2. above thresholds? ☒ Yes ☐ No

D Number of employees at facility

4

E Number of facilities in New Jersey

2

F Federal EIN (Please verify)

C Briefly describe the current operations or business
conducted at this facility:

- perc dry cleaning
- drop off store only
- No more machine as of 4/30/09

G If you are claiming an R&D lab
exemption for this facility, enter
your approval number.

810581972

H Reserved

I FACILITY EMERGENCY CONTACT

Name Gye I. ANTitle presidentFacility Phone # (973) 575-8446Emergency Contact Phone # (973) 580-0027J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally
examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals
immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.Signature [Signature]

Fax # ()

Date 9/30/09 Phone # (973) 575-8446Name Gye I. - ANTitle president

K UNION REPRESENTATIVE

Union Name/Local # _____

E-mail _____

Name _____

Phone # () _____

RETURN SIGNED ORIGINAL TO:
NJDEPOffice of Pollution Prevention &
Right To Know
PO Box 405
Trenton, NJ 08625-0405You are required to send copies
of this survey to the agencies
listed in the instruction guide.
You must also keep a copy at
your facility.

COMMUNITY RIGHT TO KNOW SURVEY FOR 2009

For State and Federal Community Right to Know Reporting

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

Please print legibly.

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

0 0 0 0 0 0 4 5 1 0 1 812320

ATTN: GYE IN AN
SMILE CLEANERS INC
61 VERVALEN ST
CLOSTER, NJ 07624

8 1 0 5 8 1 9 7 2 0 7 2 1

554 PASSAIC AVE
WEST CALDWELL, NJ 07006-
County: ESSEX



Please indicate the reason for changing this information
[] this facility moved [] additional facility
[] correction to existing location

See instructions if information on these forms is incorrect.

B Does this facility **Produce, Store or Use**
Environmental Hazardous Substances on
Table A in a pure or mixture state:
Darken either yes or no box

1. in any quantity? ☒ Yes ☐ No
2. above thresholds? ☒ Yes ☐ No

D Number of employees at facility

4

E Number of facilities in New Jersey

2

F Federal EIN (Please verify)

810581972

C Briefly describe the current operations or business
conducted at this facility:

Closed of business
Oct. 16, 2009

G If you are claiming an R&D lab
exemption for this facility, enter
your approval number.

H Reserved

I FACILITY EMERGENCY CONTACT

Name Gyez. AN

Title president

Facility Phone # (973) 575-8440

Emergency Contact Phone # (973) 580-0027

J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally
examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals
immediately responsible for obtaining the information, I believe that the submitted information is true, accurate and complete.

Signature Gyez. AN

Fax # ()

Date 5/30/10 Phone # (973) 580-0027

Name Gyez. AN

Title president

K UNION REPRESENTATIVE

Union Name/Local #

E-mail

Name

Phone # ()

RETURN SIGNED ORIGINAL TO:

NJDEP

Office of Pollution Prevention &
Right To Know
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies
of this survey to the agencies
listed in the instruction guide.
You must also keep a copy at
your facility.

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

COMMUNITY RIGHT TO KNOW SURVEY FOR 2005

For State and Federal Community Right to Know Reporting

Facility ID: 16472100000 CoMu: 0721 NAIC: 812320 (A) Facility Location:
STA NEW DRY CLEANING INC 554 PASSAIC AVE
T A STA NEW DRY CLEANERS WEST CALDWELL, NJ 07006
554 PASSAIC AVE
WEST CALDWELL, NJ 07006

(B) Does this facility Produce, Store, or Use Environmental Hazardous Substance on Table A:		(D) Number of employees at facility: 1
1. In any quantity?	Yes (X) () No	(E) Number of facilities in New Jersey: 1
2. Above thresholds?	Yes (X) () No	(F) Federal EIN: 562401362
(C) Facility Status: Out of Business Business Activity: DRY CLEANING		(G) If you are claiming an R&D lab exemption for this facility, enter your approval number here. No R&D lab exemption
(H) (Reserved)		
(I) FACILITY EMERGENCY CONTACT:		
Name: MAN WOO LEE		Title: PRESIDENT
Facility Phone Number: (973) 575-8446		Emergency Contact Phone: (201) 251-8536

(J) CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature: DRAFT - NOT LEGAL DOCUMENT Date: _____ Phone #: **(973) 575-8446**

Name: **MAN WOO LEE** Title: **PRESIDENT**

Email:

(Please sign and date. Mail copies to your local Police, Fire departments, county lead agency and local emergency planning committee.)

(K) UNION REPRESENTATIVE

Union Name/Local #:

Email:

Name:

Phone #:

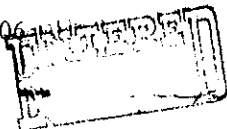


State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Environmental Safety and Health
Office of Pollution Prevention and Right to Know
P.O. Box 405
Trenton, NJ 08625-0405

N. S. CORZINE
Governor

STA NEW DRY CLEANING INC
554 Passaic Ave
West Caldwell, NJ 07006



NOTICE OF VIOLATION

EA ID #: BEA060001 - 16472100000

You are hereby NOTIFIED that during a compliance evaluation of the above organization on 10/24/2006, the following violation of the New Jersey Worker and Community Right to Know Act (N.J.S.A. 34:5A-1 et seq.), and the New Jersey Worker and Community Right to Know Regulations (N.J.A.C. 7:1G et seq.), was determined. This violation shall be recorded as part of the permanent enforcement history of STA NEW DRY CLEANING INC located at: 554 Passaic Ave, West Caldwell Twp, NJ 07006

Requirement: Pursuant to N.J.A.C. 7:1G-3.1(a), an employer shall complete and submit to the Department a Community Right to Know Survey for each facility covered by the rules, indicating if environmental hazardous substances (EHSs) were present during the reporting period and listing the EHSs that met or exceeded the threshold quantities for reporting listed at N.J.A.C. 7:1G-3.1(b). Pursuant to N.J.A.C. 7:1G-5.1(a), an employer subject to reporting under the Worker and Community Right to Know Act, regardless of whether the employer also meets the Federal requirements for reporting under Section 312 of SARA, shall transmit a Community Right to Know Survey for each covered facility to the Department by March 1 of the year following the reporting year. Also, a copy shall be transmitted to the Right to Know County: Lead Agent in which County the facility is located, the Local Emergency Planning Committee (LEPC) and the facility's local Fire and Police Departments.

Description of Non-Compliance: The Department has determined that you failed to complete and submit to the Department by March 1, 2006 the Community Right to Know Survey for your facility for the 2005 reporting year

The Department will not assess a penalty against you for the violation above if corrected by the deadline below. You must take the following corrective actions

On or before November 30, 2006, complete and submit a Community Right to Know Survey for the 2005 reporting year listing all EHSs that met or exceeded the threshold during the reporting period to the New Jersey Department of Environmental Protection, Office of Pollution Prevention and Right to Know, P.O. Box 405, Trenton, NJ 08625-0405. The Office can be reached at (609) 292-5714. The Community Right to Know Survey can be submitted to the Department electronically at: www.nj.gov/dep/online. Also, a copy shall be mailed to the Right to Know County: Lead Agent in the County the facility is located, the LEPC and the facility's local Fire and Police Departments.

Issuance of this Notice of Violation serves as notice to you that the Department has determined that a violation has occurred and does not preclude the State of New Jersey or any of its agencies from initiating administrative or judicial enforcement action, or from assessing penalties or from modifying this Notice of Violation, with respect to this or other violations. Violations of the above regulations are subject to penalties of up to \$2,500.00 per day/offense

Issued by: Michael DiGiore

Date: October 27, 2006

Signature: Michael DiGiore

Right to Know
MAKE STATUS
"OOB"
PA
L. A. P. JACKSON
Commissioner
Incomplete
on-line
submission
see ATTACHED
PB

COMMUNITY RIGHT TO KNOW SURVEY FOR 2003

For State and Federal Community Right to Know Reporting

Please type or print legibly.

THIS PAGE MUST BE COMPLETED, SIGNED, AND RETURNED.

1 6 4 7 2 1 0 0 0 0 0

Woo

ATTN: MAN ~~WHE~~ LEE
STA - NEW DRY CLEANING INC
T/A STA-NEW DRY CLEANERS
554 PASSAIC AVE
WEST CALDWELL, NJ 07006

A Facility Location - Street, City, State, Zip and County
MUST BE PROVIDED

5 6 2 4 0 1 3 6 2

0 7 2 1

554 PASSAIC AVE
WEST CALDWELL 07006
County: ESSEX

Please indicate the reason for changing this information
[] this facility moved [] additional facility
[] correction to existing location

See instructions if information on these forms is incorrect.

B Does this facility Produce, Store or Use Environmental Hazardous Substances on Table A in a pure or mixture state: Darken either yes or no box 1. In any quantity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 2. above thresholds? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	D Number of employees at facility /
	E Number of facilities in New Jersey /
	F Federal EIN Please verify
C Briefly describe the current operations or business conducted at this facility: DRY CLEANING	G If you are claiming an R&D lab exemption for <u>this facility</u> , enter your approval number.
H Check box if you have reported any substances pursuant to Section 312 of the Federal Emergency Planning and Community Right to Know Act (EPCRA/SARA, Title III) <input type="checkbox"/>	
I FACILITY EMERGENCY CONTACT Name <u>MAN Woo LEE</u> Title <u>president</u> Facility Phone Number (973) 575-8446 Emergency Contact Phone Number (201) 251-8536	

J CERTIFICATION OF OWNER/OPERATOR OR AUTHORIZED REPRESENTATIVE -- I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature [Signature] Date 7/10/04 Fax # ()
Name MAN Woo LEE Title president Phone # (973) 575-8446

RETURNED SIGNED ORIGINAL TO:
NJDEP
Office of Pollution Prevention and
Right To Know
PO Box 405
Trenton, NJ 08625-0405

You are required to send copies of this survey to the agencies listed on Page 23 of the instruction guide. You must also keep a copy at your facility.

HAZARDOUS WASTE MANIFEST SUMMARY FOR SMILE CLEANERS NJD986572139

Manifest Detail for: NJA2809836

Company Name:	SMILE CLEANERS	Year :	2006		
		Line Number	Waste Code	Quantity	Units Handling Code
Generator Epa ID:	NJD986572139	1	F002	00060	P T04
Transporter ID:	TXR000050930	2	F002	00080	P T04
TSDF ID:	OHD980587364				
Ship Date:	02/10/2006				

Manifest Detail for: NJA5040953

Company Name:	SMILE CLEANERS	Year :	2005		
		Line Number	Waste Code	Quantity	Units Handling Code
Generator Epa ID:	NJD986572139	1	F002	00100	P T04
Transporter ID:	TXR000050930	2	F002	00100	P T04
TSDF ID:	OHD980587364				
Ship Date:	01/12/2005				

Manifest Detail for: NJA5041153

Company Name:	SMILE CLEANERS	Year :	2005		
		Line Number	Waste Code	Quantity	Units Handling Code
Generator Epa ID:	NJD986572139	1	F002	00110	P T04
Transporter ID:	TXR000050930	2	F002	00110	P T04
TSDF ID:	OHD980587364				
Ship Date:	03/17/2005				

Manifest Detail for: NJA5043408

Company Name:	SMILE CLEANERS	Year :	2005		
		Line Number	Waste Code	Quantity	Units Handling Code
Generator Epa ID:	NJD986572139	1	F002	00120	P T04
Transporter ID:	TXR000050930	2	F002	00090	P T04
TSDF ID:	OHD980587364				
Ship Date:	06/01/2005				

Manifest Detail for: NJA5083675

Company Name: SMILE CLEANERS

Year : 2004

Generator Epa ID: [NJD986572139](#)
Transporter ID: [TXR000050930](#)
TSDF ID: [OHD980587364](#)
Ship Date: 07/02/2004

Line Number	Waste Code	Quantity	Units	Handling Code
1	F002	00200	P	T04

Manifest Detail for: NJA5091334

Company Name: SMILE CLEANERS

Year : 2003

Generator Epa ID: [NJD986572139](#)
Transporter ID: [TXR000050930](#)
TSDF ID: [OHD980587364](#)
Ship Date: 12/16/2003

Line Number	Waste Code	Quantity	Units	Handling Code
1	F002	00100	P	T04

2

X

Let's protect our earth



2

State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF WATER RESOURCES
CN 029
TRENTON, NEW JERSEY 08625

GEORGE G. McCANN, P.E.
DIRECTOR

DIRK C. HOFMAN, P.E.
DEPUTY DIRECTOR

MAY 26 1987

UST No. 0003962

Dear Underground Storage Tank Owner:

The Underground Storage Tank Registration submission for:

Name: CALDWELL DRY CLEANERS Location: 554 PASSAIC AV
INC W. CALDWELL NJ 07006

has been determined to be administratively deficient for the reasons checked below:

☒ 1. Questionnaire incomplete; data insufficient:

Tanks No(s): 23
Piping No(s): 18-20
21, 22, 24, 30

NOTE: "Unknown" is not sufficient. Contact previous owners, past employees, contractors, tax office, municipal/county construction officials offices, etc. for sources of information. Each source must be documented in writing by the respective office to confirm each specific request.

☐ 2. Questionnaire not signed/dated:
(Sign/date enclosed copy)

☐ 3. Plot plan/hand drawn map (either is acceptable):

☐ Not submitted
☐ Scale too small
☐ Other: _____

☐ 4. Fee (payment instrument):

☐ Not submitted
☐ Miscalculated
☐ Improper payor
☐ Not signed
☐ Other: _____

New Jersey Is An Equal Opportunity Employer

(OVER)

JUN 22 1987

_____ 5. Other:

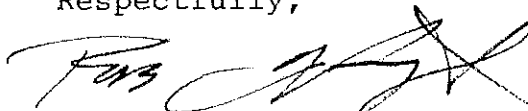
Please correct only the above marked deficiencies on the enclosed questionnaire and return the completed form and any other required material to this office as soon as possible.

**** NOTE ****

You should be advised that until all the above noted corrections/changes are made and returned to this and verified correct by staff your Underground Storage Tank Registration will be considered out of compliance with the law and will be subject to enforcement action.

Your cooperation in expediting these corrections/changes will be appreciated. Thank you.

Respectfully,



Rob Nugent, Acting Section Chief
Registration and Billing Section
Bureau of Underground Storage Tanks

Encl.

Registration Questionnaire: _____ ✓

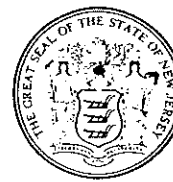
Check No. _____

Site Plan/Drawing: _____



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Resources
CN-029
Trenton, New Jersey 08625

2



FOR STATE USE ONLY

0003962 X
UST #

	YES	NO
CK. IN.	<input type="checkbox"/>	<input type="checkbox"/>
AMT.	<input type="checkbox"/>	<input type="checkbox"/>
AUTH.	<input type="checkbox"/>	<input type="checkbox"/>
SP. ROUTE	<input type="checkbox"/>	<input type="checkbox"/>
SITE PLN.	<input type="checkbox"/>	<input type="checkbox"/>
SIGN.	<input type="checkbox"/>	<input type="checkbox"/>
COMCODE	0721	

**UNDERGROUND STORAGE TANK
REGISTRATION QUESTIONNAIRE**

Bureau of Underground Storage Tanks
Registration Section
1-800-722-TANK

COMPLIANCE WITH THIS REGISTRATION WILL MEET ALL REQUIREMENTS OF STATE LAW, P.L. 1986, c. 102, THE UNDERGROUND STORAGE OF HAZARDOUS SUBSTANCES ACT, N.J.S.A. 58:10A-21.

General Facility Information

1. Facility name: CALDWELL DRY CLEANERS INC
2. Facility location: 554 PASSAIC AVE
WEST CALDWELL
ESSEX NJ 07006
3. Owner's mailing address: 554 PASSAIC AVE
WEST CALDWELL
ESSEX NJ 07006
4. Owner's name: YOUNG WM KIM
5. Contact person (Facility Operator) WHALE CO
6. Contact telephone number: 201 575 8446
7. Total number of facility underground storage tanks 0001 (Complete Questions 12 thru 33 for each tank)
8. Total facility underground storage tank capacity (gallons) 0000550
9. Status of owner: (mark one) A. ☐ CURRENT B. ☐ FORMER
10. Type of owner: (mark one) A. ☐ STATE OR LOCAL GOVERNMENT B. ☒ PRIVATE OR CORPORATE C. ☐ OWNERSHIP UNCERTAIN D. ☐ FEDERAL GOVT. (GSA FACILITY I.D. NUMBER)
11. Two copies of a site plan are submitted with this registration. A. ☒ YES B. ☐ NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are operating or existing, (E); abandoned, (A); or out of service, (C). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

ALL underground tanks, including those taken out of operation. (UNLESS THE TANK WAS REMOVED FROM THE GROUND) must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or out of service, C.

SPECIFIC TANK INFORMATION

	TANK NO. [][][]	TANK NO. [][][]	TANK NO. [][][]	TANK NO. [][][]	TANK NO. [][][]
12. Tank Identification Number	[][][]	[][][]	[][][]	[][][]	[][][]
13. CASRN Number (Hazardous Substances Only)	[][][][][][]	[][][][][][]	[][][][][][]	[][][][][][]	[][][][][][]
14. Tank Age (Years)	216	[][]	[][]	[][]	[][]
15. Tank Size (gallons)	1550	[][][][]	[][][][]	[][][][]	[][][][]
16. Tank Contents (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Other; Please Specify					
17. Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Bare steel	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Stainless steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Aluminum	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Polyvinyl chloride	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F. Concrete	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. Bronze	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H. Earthen walls	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
J. Fiberglass reinforced plastic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
K. Fiberglass-clad steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
L. Painted/asphalt steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
M. Vaulted	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
N. Composite	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
P. Iron (cast or ductile)	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
R. Non-metallic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
S. Other; Please Specify					
18. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Single wall	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Double wall	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Manway in tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Internal Tank and Piping Lining (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Rubber	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Epoxy	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Alklyd	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Phenolic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Glass	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F. Clay	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. None	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H. Other; Please Specify					

TANK NO.

TANK NO. 1

TANK NO.

TANK NO.

TANK NO

X

- | | | | | | | | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 20. Tank and Piping Lining installed
A. At purchase of tank (MARK ALL THAT APPLY X) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| B. Retrofitted | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Secondary containment (MARK ALL THAT APPLY X) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| A. Liner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Vault | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Double wall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. None | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Other, Please Specify | | | | | | | | | | |
| 22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| A. Wrapped | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Sprayed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Sacrificial anode | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Impressed current | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. None | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Other, Please Specify | | | | | | | | | | |
| 23. Monitoring/detection method (MARK ALL THAT APPLY X) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| A. Automatic sampling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Manual sampling | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Ground water monitoring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. System in secondary containment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. System outside backfill | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. System within piping (piping leak detector) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. None | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Type of monitoring/detection system (MARK ALL THAT APPLY X) | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping | Tank | Piping |
| A. Continuous | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Event activated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Audio | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Visual | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Electric sensor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| F. Stock/inventory control (manual) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| G. Stock/inventory control (electronic) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| H. Tile drain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| J. Vapor sniff wells | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| K. Internal inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| L. Other, Please Specify | | | | | | | | | | |
| M. None | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Tank/piping tested (any type) (MARK ALL THAT APPLY X) | | | | | | | | | | |
| A. Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. No | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Test positive (MARK IF LEAK WAS DISCOVERED) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. None (Never tested) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | |

Tank I.D. No. TANK NO. TANK NO. TANK NO. TANK NO. TANK NO.

* SEE BELOW	27. Tank Status (MARK ONE X)					
	A. Operational	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(+) B. Temporarily out of service (Less than 90 days)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(+) C. Extended out of service (90 days to 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	D. Long term out of service (Greater than 2 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	E. Abandoned, in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	F. Abandoned, in place, filled only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	G. Abandoned, in place, sealed only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	H. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(+) J. Seasonal (Answer only for motor fuel uses)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	K. Prior retrofitting work, Please Specify					
	L. Other, Please Specify					
	28. Spill recovery system on-site (MARK ONE X)					
	A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29. Overfill protection (tank only) (MARK ONE X)						
A. Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30. Emergency shut-off mechanisms (dispensers) (MARK ONE X)						
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

* If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

31. Substance last used in tank (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Other, Please Specify					
32. Estimated date last used (month/year)	 Mo. Yr.	 Mo. Yr.	 Mo. Yr.	 Mo. Yr.	 Mo. Yr.
33. Estimated quantity (gallons) left in tank	 	 	 	 	

OWNER OR OWNER'S AGENT CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Young Wm Kim
(SIGNATURE)
Young Wm Kim
(PRINT OR TYPE NAME)
Owner
(TITLE)



State of New Jersey
DEPARTMENT OF ENVIRONMENTAL PROTECTION
Division of Water Resources
CN-029
Trenton, New Jersey 08625

0003962
CALDWELL DRY CLEANERS INC



AMI. ☐ ☐
AUTH. ☐ ☐
SP. ROUTE ☐ ☒
SITE PLN. ☒ ☐
SIGN. ☒ ☐

COMCODE 017711

UNDERGROUND STORAGE TANK
REGISTRATION QUESTIONNAIRE

Bureau of Ground Water Quality Management
Underground Storage Tank Section
(609)984-9736

COMPLIANCE WITH THIS REGISTRATION WILL MEET ALL REGISTRATION REQUIREMENTS OF THE FEDERAL LAW, P.L. 93-616, THE HAZARDOUS AND SOLID WASTE AMENDMENTS OF 1984, SUBTITLE 1, SECTIONS 9001-9010.

General Facility Information

1. Facility name: CALDWELL DRY CLEANERS INC
2. Facility location: 5514 PASKINIA AVE
NUMBER AND STREET
WEST CALDWELL
CITY OR MUNICIPALITY
EISENBERG
COUNTY
NJ
STATE
07006
ZIP CODE
3. Owner's mailing address: 5514 PASKINIA AVE
NUMBER AND STREET
WEST CALDWELL
CITY OR MUNICIPALITY
EISENBERG
COUNTY
NJ
STATE
07006
ZIP CODE
4. Owner's name: YOUNG W. KIM
5. Contact person (Facility Operator) WHALE CO
6. Contact telephone number: 201
AREA CODE
575
EXCHANGE
8446
NUMBER
7. Total number of facility underground storage tanks 0001 (Complete Questions 12 thru 33) for each tank
8. Total facility underground storage tank capacity (gallons) 000550
9. Type and status of owner (mark all that apply).
A. ☒ CURRENT B. ☐ FORMER C. ☐ STATE OR LOCAL GOVERNMENT D. ☒ PRIVATE OR CORPORATE E. ☐ OWNERSHIP UNCERTAIN F. ☐ FEDERAL GOVT. (GSA FACILITY I.D. NUMBER)

10. Two copies of a site plan are submitted with this registration. A. ☒ YES B. ☐ NO

Submit two (2) copies of SITE PLAN showing facility or property boundary, buildings and the location of ALL underground storage tanks. EITHER, an existing engineering site plan, if available, OR a neat and legible hand-drawn sketch of the site may be submitted. In either case the site plan or sketch MUST show the location and distances that tanks, buildings, and dispensers are from the facility's property boundary. Include all tanks that are operating or existing, (E); abandoned, (A); or closed, (C). Each underground tank on the site plan or sketch shall be numbered in accordance with the instructions for question 12. The number assigned to a tank on the site plan or sketch MUST match and be identical to the tank identification number assigned to that tank on this form.

INCLUDE FACILITY NAME, OWNER'S NAME, FACILITY ADDRESS AND TELEPHONE NUMBER ON ALL SITE PLANS.

11. All underground tanks used after January 1, 1974 including those taken out of operation, **(UNLESS THE TANK WAS REMOVED FROM THE GROUND)** must be included in this registration. All in-ground tanks shall be reported as underground tanks on this questionnaire regardless of their current status; Existing, E; Abandoned, A; or Closed C.

SPECIFIC TANK INFORMATION

	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
Tank Identification Number <i>No # (Fire chief said)</i>	2607				
CASRN Number (Hazardous Substances Only)					
Tank Age (Years)	26				
Tank Size (gallons)	000550				
Tank Contents (MARK ONE X)					
A. Leaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N. Other; Please Specify					
Tank and Piping Construction (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Bare steel	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Carbon steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Stainless steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Aluminum	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Polyvinyl chloride	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F. Concrete	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. Bronze	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H. Earthen walls	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
J. Fiberglass reinforced plastic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
K. Fiberglass-clad steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
L. Painted/asphalt steel	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
M. Vaulted	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
N. Composite	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
P. Iron (cast or ductile)	<input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
R. Non-metallic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
S. Other; Please Specify					
3. Tank and Piping Structure (MARK ALL THAT APPLY X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Single wall	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Double wall	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Manway in tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Internal Tank and Piping Lining (MARK ONE X)	Tank Piping	Tank Piping	Tank Piping	Tank Piping	Tank Piping
A. Rubber	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
B. Epoxy	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
C. Alklyd	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
D. Phenolic	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
E. Glass	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
F. Clay	<input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
G. None	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
H. Other; Please Specify					

	TANK I.D. No.	TANK NO.	TANK NO.	TANK NO.	TANK NO.	TANK NO.
		□□□□	□□□□	□□□□	□□□□	□□□□
20. Tank and Piping Lining installed (MARK ONE X)	Tank	Piping	Tank	Piping	Tank	Piping
A. At purchase of tank	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Retrofitted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Secondary containment (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping
A. Liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Double wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Other, Please Specify						
22. External Type/Application of Cathodic Protection (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping
A. Wrapped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Sprayed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Sacrificial anode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Impressed current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other, Please Specify						
23. Monitoring/detection method (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping
A. Automatic sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Manual sampling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Ground water monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. System in secondary containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. System outside backfill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. System within piping (piping leak detector)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Type of monitoring/detection system (MARK ALL THAT APPLY X)	Tank	Piping	Tank	Piping	Tank	Piping
A. Continuous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Event activated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Audio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Visual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Electric sensor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Stock/inventory control (manual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Stock/inventory control (electronic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Tile drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Vapor sniff wells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Internal inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Other, Please Specify						
M. None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Testing history recorded (MARK ALL THAT APPLY X)						
A. Yes	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Test Result (MARK IF LEAKING NOW)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Leak/spill occurrence (MARK ALL THAT APPLY X)						
A. Within the past 1 year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Within the past 1 to 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. More than 5 years ago	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. No Records	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tank I.D. No.	TANK NO. [][][][]	TANK NO. [][][][]	TANK NO. [][][][]	TANK NO. [][][][]	TANK NO. [][][][]
7. Tank Status (MARK ONE X)					
A. Active (operational)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Inactive (non-operational)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Closed (temporarily out-of-service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Closed (permanently out-of-service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Abandoned, in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Abandoned, in place, filled only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Abandoned, in place, sealed only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Abandoned, in place, filled and sealed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Seasonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Prior retrofitting work, Please Specify					
L. Other, Please Specify					
8. Spill recovery system on-site (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Overfill protection (tank only) (MARK ONE X)					
A. Yes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Emergency shut-off mechanisms (dispensers) (MARK ONE X)					
A. Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If boxes 27 E, F, G or H above have been answered - answer questions 31, 32 and 33 below.

1. Substance last used in tank (MARK ONE X)					
A. Lead gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Unleaded gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Alcohol enriched gasoline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Light diesel fuel (No. 1-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Medium diesel fuel (No. 2-D)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Waste oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Kerosene (No. 1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Home heating oil (No. 2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heating oil (No. 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Heavy heating oil (No. 6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Aviation fuel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Hazardous substances (per Fact Sheet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. Other, Please Specify					
2. Estimated date last used (month/year)	[][][] Mo. Yr.	[][][] Mo. Yr.	[][][] Mo. Yr.	[][][] Mo. Yr.	[][][] Mo. Yr.
3. Estimated quantity (gallons) left in tank	[][][][][]	[][][][][]	[][][][][]	[][][][][]	[][][][][]

OWNER OR OWNER'S AGENT CERTIFICATION
 certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Young Wm Kim
 (SIGNATURE)
Caldwell Cleaners Inc
 (PRINT OR TYPE NAME)
President
 (TITLE)



State of New Jersey
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 DIVISION OF WATER RESOURCES
 CN 029
 TRENTON, NEW JERSEY 08625

GEORGE G. McCANN, P.E.
 DIRECTOR

DIRK C. HOFMAN, P.E.
 DEPUTY DIRECTOR

UST No. 0003962

Dear Underground Storage Tank Owner:

The Underground Storage Tank Registration submission for:

Name: CALDWELL DRYCLEANERS Location: 554 PASSAIC AV
INC W. CALDWELL NJ 07006

has been determined to be administratively deficient for the reasons checked below:

☒ 1. Questionnaire incomplete; data insufficient:

Tanks No(s): 23

Piping No(s): 18-20

21, 22, 24, 30

NOTE: "Unknown" is not sufficient. Contact previous owners, past employees, contractors, tax office, municipal/county construction officials offices, etc. for sources of information. Each source must be documented in writing by the respective office to confirm each specific request.

☐ 2. Questionnaire not signed/dated:
 (Sign/date enclosed copy)

☐ 3. Plot plan/hand drawn map (either is acceptable):

☐ Not submitted

☐ Scale too small

☐ Other: _____

☐ 4. Fee (payment instrument):

☐ Not submitted

☐ Miscalculated

☐ Improper payor

☐ Not signed

☐ Other: _____

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(OVER)

Parking Lot

CVS Drug Store
575-0003

Mandee Shop
575-6233

cleaner

Tanning Shop
882-0353

No door →

back door ←

○
200 yards to fence

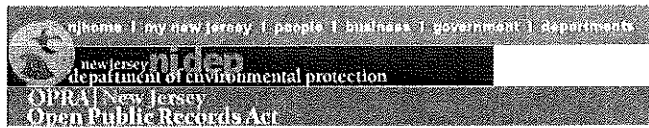
backyard

Fence

#3962

(Front)
Parking Lot

4mm 3962

[opra home](#) | [contact opra](#) | [njdep home](#)

Inspection Summary Report for SMILE DRY CLEANERS - Activity Number SUB 080001

Jan 27, 2016 12:31

NOTE: The information contained in this report will be limited to the date each program began using the Department's integrated database, NJEMS. The programs began using the system for this information as follows: Air - 10/1998; Hazardous Waste - 1/2000; Water - 7/2000; TCPA - 12/2001; Land Use 12/2001; DPCC - 1/2002; Solid Waste - 1/2002; Right To Know - 3/2002 and Pesticides - 4/2002; Site Remediation - 3/2003 and Radiation (limited information) - 7/2006. For complete information prior to these dates, please submit an official OPRA request form to the Department. If printing this report, select landscape orientation. For a list of terms and definitions, click on the following link: http://datamine2.state.nj.us/dep/DEP_OPRA/enforcement.html

Disclaimer: Only final inspection reports are listed in this report. Inspections for which a report has not been finalized by the Department will not appear in this report. Also, inspections which yield violations but where the inspected entity has not yet been notified of the violation are not listed in this report. For inspections indicating Out of Compliance, this means that violations were observed during the inspection, based on facts and information known to the Department at the time of the inspection. Errors or omissions in the factual basis for any violation may result in a future change in classification as a violation when such information becomes known.

Activity Number: **SUB 080001** Inspection Type: **General Submittal Review** Program Interest ID: **L0590**

Inspection Start Date: **10/21/08** End Date: **10/21/08** Lead Investigator: **Dixon, Lois**

Program Interest Name: **SMILE DRY CLEANERS**

Address: **554 PASSAIC AVE** **West Caldwell** **NJ 07006** County: **Essex - West Caldwell Twp**

Block(s) and Lot(s): **No Block and Lot**

Comments:

Subject Item: **AFAR 0 - Air Federal Applicability Requirements**

Seq. #	Requirement Description	Compliance Status	Compliance Comments	Grace Days	Non Minor Reason	Requirement Source
1	Determine MACT Applicability	In Compliance	notification received			Rules

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Department of Environmental Protection
P. O. Box 402
Trenton, NJ 08625-0402

Last Updated: June 15, 2012

Dry Cleaning Facility Field Inspection Report

3/06

PI# L0590 County: ESSEX
 Facility Name: Smile Dry Cleaners
 Facility Address: 554 Passaic Avenue
West Caldwell
 Inspector's Signature: [Signature]

Date of Inspection: 7/18/2007 Ref# _____ Follow-up insp. ☐ Y ☒ N
 Person Interviewed: Chung Choi
 Title: Manager Phone # 973-575-8446
 Contact Person: Gye I An Phone # 973-580-0027
 Supervisor's Review: [Signature] 8/5/07 Date: _____

☒ Compliant ☐ NOV w/Grace Period (attached)

☐ NOV w/Penalty Assessment (attached)
 Penalty Assessment: \$ _____

☐ Violation - NJAC 7:27- _____

Inspection Information

CO₂ Machine - No Permit Required ()
 Permit () No [If none, violation 8.3 (a&b)]

() Yes Permit # PCP 030001 Expires 9/17/2008

Type: General PCP

Capacity in Pounds	Manufacturer/Model	Serial #	Type of Solvent	Generation	Install Date
<u>35</u>	<u>Bowe Permac P350</u>	<u>1532</u>	<input checked="" type="checkbox"/> Perc <input type="checkbox"/> Non HAP	<u>4</u>	<u>2003</u>
			<input type="checkbox"/> Perc <input type="checkbox"/> Non HAP		
			<input type="checkbox"/> Perc <input type="checkbox"/> Non HAP		

Generation 1 Machine Transfer Machine (Refer to NJDEP Field Office)
 Generation 2 Machine Dry to Dry with internal/external vent (Refer to NJDEP Field Office)
 Generation 3 Machine Refrigerator Condenser Only
 Generation 4 Machine Refrigerator Condenser and also Carbon Absorber on cylinder outlet to reduce PERC concentration below 300 ppm

Facility with any Generation 3 machine shall utilizes less than 90 gallons of PERC in 12 month period. ☐ No 8.3(e) ☐ Yes ☒ N/A
 Facility with only Generation 4 machine shall utilizes less than 150 gallons of PERC in 12 month period. ☐ No 8.3(e) ☒ Yes ☐ N/A
 Facility with a combination of Gen.3/Gen. 4 equipment shall utilize < 90 gals of PERC in a 12 month period ☐ No 8.3(e) ☐ Yes ☒ N/A
 Facility utilizes less than 1000 gallons of Non HAP solvent in 12 month period. ☐ No 8.3(e) ☐ Yes ☒ N/A
 Are there any fuel combustion sources rated at or greater than 1 million BTU/hr. ☒ No ☐ Yes
 Facility is: Stand alone building ☐ Cohabitated with Commercial ☒ Cohabitated with Residential ☐

Complete Section A-1
 Complete Section A-2
 Section A-1/A-2
 Complete Section B
 Complete Section C

General Permit Condition Only

All machines at the facility are Generation 4 dry to dry machines or non-HAP AND listed on this Permit ☐ No 8.3(a&b) ☐ Yes

Are there any fuel combustion sources rated at or greater than 1 million BTU/hr on this Permit ☐ No ☐ Yes ☒ N/A

Total of significant fuel combustion sources at this facility greater than 3 million BTU/hr ☐ Yes 8.3(a&b) ☐ No

Waste Removal Company: National Waste Clean

Previous Violations (Date and section violated): _____

Comments: _____

[Signature]

Perchloroethylene

1706

- [illegible]

Comments

Comments New owner as of Oct. 2006. PEP 060001 Transfer of Ownership.
Business name change.

PWSID:	NJ0706001	Water System Type:	Community (C)
Water System Name:	ESSEX FELS WATER DEPT	System Status:	<u>A</u>

Licenses Required

Water Treatment License: **T2**

Water Distribution System License: **W2**

Licensed Operators from NJEMS

Name	License #	License Type	Employment Start Date	Employment End Date
STEVEN BANCHI	0023395	T2	09/21/1987	
STEVEN BANCHI	0019479	W2	09/21/1987	

Water System Indicators

Type	Value	Date	End Date
STAGE 2 DBP (DBP2)	SCHEDULE: 1	04/01/2012	

This system buys water from:

PWSID	Water System Name
NJ0712001	NJ AMERICAN WATER - SHORT HILLS

This system sells water to:

PWSID	Water System Name
NJ0703001	CALDWELL WATER DEPT
NJ0715001	NORTH CALDWELL WATER DEP
NJ0718001	ROSELAND WATER DEPT

Population(s)/Operating Period(s)

Effective Starting	Effective Ending	Operating Period	Population Type	Population
06/01/1977		1/1--12/31	<u>R</u>	2200

Service Connection(s)

Connection Type	Count	Meter Type
Residential Service	758	Type Unknown

Service Area(s)

Population Type	Name
Residential	RESIDENTIAL AREA

PWSID:	NJ1421305	Water System Type:	Community (C)
Water System Name:	SIGNATURE CARE HOME @ MONTVILLE	System Status:	<u>A</u>

Licenses Required

Water Treatment License: **T1**

Water Distribution System License:

Licensed Operators from NJEMS

Name	License #	License Type	Employment Start Date	Employment End Date
BARRY R BRAUNSTEIN	0024938	T1	12/01/2007	

Water System Indicators

Type	Value	Date	End Date
STAGE 2 DBP (DBP2)	SCHEDULE: 4	10/01/2013	

Population(s)/Operating Period(s)

Effective Starting	Effective Ending	Operating Period	Population Type	Population
03/01/2016		1/1--12/31	<u>NT</u>	10
03/01/2016		1/1--12/31	<u>R</u>	36
08/23/2005	02/29/2016	1/1--12/31	<u>R</u>	33
08/23/2005	02/29/2016	1/1--12/31	<u>NT</u>	10
03/01/1982	08/23/2005	1/1--12/31	<u>NT</u>	46

Service Connection(s)

Connection Type	Count	Meter Type
Commercial Service	1	Unmetered

Service Area(s)

Population Type	Name
Nontransient	INSTITUTION
Nontransient	MEDICAL FACILITY



PWSID:	NJ0710001	Water System Type:	Community (C)
Water System Name:	LIVINGSTON TWP DIV OF WATER	System Status:	A
		System Ownership:	Local govt. or municipal authority
Principal County & City:	ESSEX, LIVINGSTON TWP-0710	Source Water Type/Operating Category:	SWP
WATER SYSTEM INFORMATION		Total Coliform Results	
		Chemical Results	
		Monitoring	
		System Facilities	
		Site Visits	
		Violations	
		Other Data	
		PRINTER FRIENDLY PAGE	

Water System Information

Licenses Required

Water Treatment License: T2

Water Distribution System License: W3

Licensed Operators from NJEMS

Name	License #	License Type	Employment Start Date	Employment End Date
RICHARD G TUTTLE JR	707073	W3	01/01/2020	
RICHARD G TUTTLE JR	707072	T3	01/01/2020	

Water System Indicators

Type	Value	Date	End Date
STAGE 2 DBP (DBP2)	SCHEDULE: 1	04/01/2012	

This system buys water from:

PWSID	Water System Name
NJ0712001	NJ AMERICAN WATER - SHORT HILLS

Population(s)/Operating Period(s)

Effective Starting	Effective Ending	Operating Period	Population Type	Population
09/23/2005		1/1--12/31	R	27391
06/01/1977	09/22/2005	1/1--12/31	R	28324

Service Connection(s)

Connection Type	Count	Meter Type
Residential Service	12548	Type Unknown

Service Area(s)

Population Type	Name
Residential	RESIDENTIAL AREA

NJ Primary & Secondary
Drinking Water Standards

NJ Dept. of Environmental Protection (NJDEP)

NJDEP ~ Division of Water Supply &
Geoscience

USEPA - Groundwater and Drinking Water

Violations (USEPA Envirofacts)

Write suggestions/comments to the webmaster

Software version number 7.3.17 (11-20-2020)

PWSID:	NJ1410001	Water System Type:	Community (C)
Water System Name:	EAST HANOVER TWP WATER DEPT	System Status:	<u>A</u>

Licenses Required

Water Treatment License: **T2**

Water Distribution System License: **W2**

Licensed Operators from NJEMS

Name	License #	License Type	Employment Start Date	Employment End Date
EDWARD B SCHIMMINGER	672295	W2	10/27/2015	
EDWARD B SCHIMMINGER	672296	T2	10/27/2015	

Water System Indicators

Type	Value	Date	End Date
STAGE 2 DBP (DBP2)	SCHEDULE: 3	10/01/2013	

This system buys water from:

PWSID	Water System Name
NJ0712001	NJ AMERICAN WATER - SHORT HILLS

This system sells water to:

PWSID	Water System Name
NJ0712001	NJ AMERICAN WATER - SHORT HILLS

Population(s)/Operating Period(s)

Effective Starting	Effective Ending	Operating Period	Population Type	Population
01/01/2006		1/1--12/31	R	11393
06/01/1977	12/31/2005	1/1--12/31	R	10000

Service Connection(s)

Connection Type	Count	Meter Type
Residential Service	4180	Metered

Service Area(s)

Population Type	Name
Residential	RESIDENTIAL AREA

PWSID:	NJ0704002	Water System Type:	Community (C)
Water System Name:	ESSEX COUNTY UTILITIES AUTHORITY	System Status:	I

Licenses RequiredWater Treatment License: **T1**Water Distribution System License: **W2****Population(s)/Operating Period(s)**

Effective Starting	Effective Ending	Operating Period	Population Type	Population
09/26/2005		1/1--12/31	R	2750
06/01/1977	09/25/2005	1/1--12/31	R	3000

Service Connection(s)

Connection Type	Count	Meter Type
Residential Service	30	Unmetered

Service Area(s)

Population Type	Name
Residential	RESIDENTIAL AREA



PWSID:	NJ0710001	Water System Type:	Community (C)
Water System Name:	LIVINGSTON TWP DIV OF WATER	System Status:	A
		System Ownership:	Local govt. or municipal authority
Principal County & City:	ESSEX, LIVINGSTON TWP-0710	Source Water Type/Operating Category:	SWP
WATER SYSTEM INFORMATION		Total Coliform Results	
		Chemical Results	
		Monitoring	
		System Facilities	
		Site Visits	
		Violations	
		Other Data	
		PRINTER FRIENDLY PAGE	

Water System Information

Licenses Required

Water Treatment License: T2

Water Distribution System License: W3

Licensed Operators from NJEMS

Name	License #	License Type	Employment Start Date	Employment End Date
RICHARD G TUTTLE JR	707073	W3	01/01/2020	
RICHARD G TUTTLE JR	707072	T3	01/01/2020	

Water System Indicators

Type	Value	Date	End Date
STAGE 2 DBP (DBP2)	SCHEDULE: 1	04/01/2012	

This system buys water from:

PWSID	Water System Name
NJ0712001	NJ AMERICAN WATER - SHORT HILLS

Population(s)/Operating Period(s)

Effective Starting	Effective Ending	Operating Period	Population Type	Population
09/23/2005		1/1--12/31	R	27391
06/01/1977	09/22/2005	1/1--12/31	R	28324

Service Connection(s)

Connection Type	Count	Meter Type
Residential Service	12548	Type Unknown

Service Area(s)

Population Type	Name
Residential	RESIDENTIAL AREA

NJ Primary & Secondary
Drinking Water Standards

NJ Dept. of Environmental Protection (NJDEP)

NJDEP ~ Division of Water Supply &
Geoscience

USEPA - Groundwater and Drinking Water

Violations (USEPA Envirofacts)

Write suggestions/comments to the webmaster

Software version number 7.3.17 (11-20-2020)

PWSID:	NJ0720001	Water System Type:	Community (C)
Water System Name:	VERONA WATER DEPARTMENT	System Status:	<u>A</u>

Licenses Required

Water Treatment License: **T2**

Water Distribution System License: **W2**

Licensed Operators from NJEMS

Name	License #	License Type	Employment Start Date	Employment End Date
STEPHEN P LYONS	563899	T3	01/01/2018	
STEPHEN P LYONS	563898	W3	01/01/2018	

Water System Indicators

Type	Value	Date	End Date
STAGE 2 DBP (DBP2)	SCHEDULE: 1	04/01/2012	

This system buys water from:

PWSID	Water System Name
NJ1605002	PASSAIC VALLEY WATER COMMISSION

This system sells water to:

PWSID	Water System Name
NJ0706002	ESSEX FELS WATER HILLTOP SYSTEM

Population(s)/Operating Period(s)

Effective Starting	Effective Ending	Operating Period	Population Type	Population
06/01/1977		1/1--12/31	<u>R</u>	13641

Service Connection(s)

Connection Type	Count	Meter Type
Residential Service	4181	Metered

Service Area(s)

Population Type	Name
Residential	RESIDENTIAL AREA